

JUN 28 1954



R.N.  
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October, 1952

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## let's meet R.N. authors

**Alice M. Robinson**, director of nurses at the Boston State Hospital, Boston, Mass., obtained her R.N. from Duke University School of Nursing, a B.S. from the Catholic University of America at Washington, D.C., and an M.S. from Boston University. She finds recreation from her demanding job in travel—obviously finds time, too, to keep up with new methods in nursing education, and to write papers on her own clinical field.

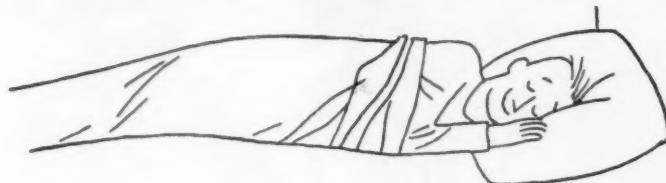


This month, we've included what may well be a piece of true pioneering—a defense of oft-maligned Sairey Gamp. Author **William Serey Powell**, a native of North Carolina, is a journalist who has fallen from grace in recent years by teaching literature and the humanities at various Southern colleges. He started his journalistic career on the Cincinnati "Enquirer," later joined the staff of the Richmond, Va., "Times-Dispatch" as a reporter, book reviewer, and feature writer. Right now he's completing studies for his doctorate in literature and working sporadically on a book about nurses in fiction.



Psychologist **Jesse S. Nirenberg**, Ph.D., has studied in such diverse areas as psychology and chemical engineering, and has worked at an assortment of jobs "for motives I can only guess at." He believes that vocational guidance should start early and should be based on the basic personality patterns of the individual. No stranger to nursing education, he teaches psychology at New York University and at Fordham Hospital's school of nursing; has also taught the same subject to students at New York's Adelphi College school of nursing.

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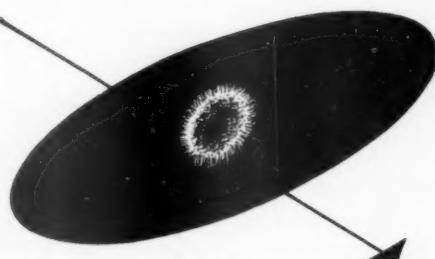
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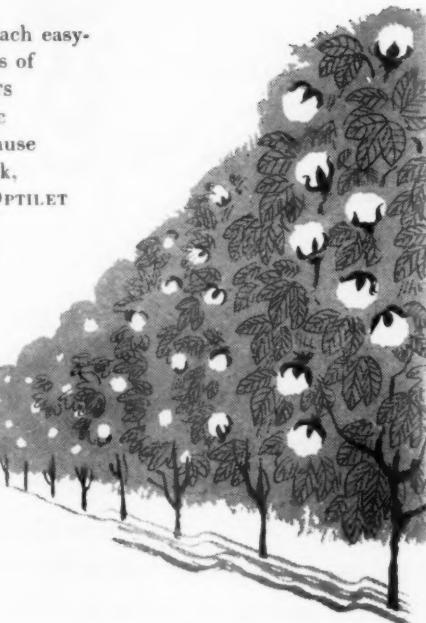
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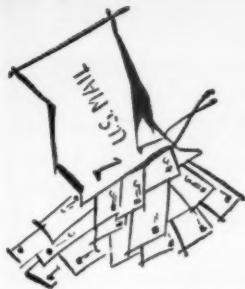
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## *Debits and Credits* \*\*\*\*\*

### WHY A UNION SHOP?

Dear Editor:

The California State Nurses Association is trying to force typical labor union contracts with a union shop clause upon the hospital in which I work. The hospital's position is that, according to law, a nurse registered in California may practice her profession wherever she chooses. Employment standards at this hospital meet CSNA standards, but general duty nurses are talking of striking. Many of us who have belonged to our state association for years will not pay our dues next year if the situation is not settled by then. Your March editorial about raising dues caused much comment here at my hospital.

R.N., SACRAMENTO, CALIF.

### IT'S ONLY ONE VOTE

Dear Alice:

All the while I was working on "Candid Comments" for October, I kept thinking about our national presidential election in November. Among the obligations we took on when we became professional members of our community, I can think of none greater than our obligation to vote. The single vote in our hands

is one of the most powerful tools ever devised for helping a profession, a country, even a world. We may think deeply and wisely over our problems; we may long to make our knowledge of people useful; the vote gives us a direct method of expression. True, it may be that the immediate issues have no direct bearing on our objectives, but no good action or intent is ever lost. Each contributes to the sum total of human good, regardless of its immediate value. Many years ago a cowboy in Jordan, Montana, helped me pack and ship my survey material. He would accept no pay—"Whenever you see a chance to help someone else, and do it, that will be my pay." I think I've paid the debt a thousand times, yet it will never be fully paid. The very act of voting shows we are accepting duties as well as rights.

The stories of the first free elections in countries like Japan, India, Greece, are deeply moving. So precious was this privilege that unlettered people went to extraordinary lengths to understand the issues. In India, they marched in a body from an Assam hillside through miles of jungle in order to vote. Yet in our own country, favored as no country has ever been favored before, where our poorest people live better than do a great majority of the world's people—here only about one half of



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ENCLOSED IS MY CHECK  MONEY ORDER

our eligible voters (51%) took the trouble to vote in the 1948 presidential election! The non-voter is as bad as the wrong voter, for the failure to use the tool that is basic in the maintenance of democracy is to weaken democracy.

But you have *only one vote*—can it have any possible value? Well, keep in mind that presidents are elected, not in Washington but in the precincts of our country. And one vote is all that anyone has, even the governor, even the President of the United States.

JANET M. GEISTER, R.N.  
CHICAGO, ILL.

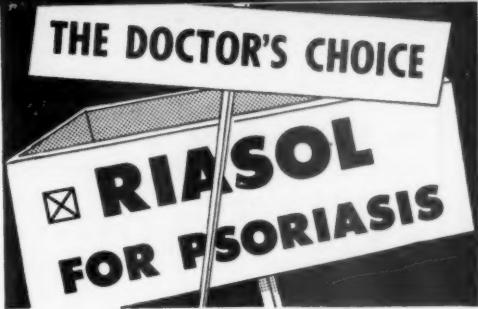
## NOT FIVE BUT THREE

Dear Editor:

Frankly, I am more alarmed now about the amount of bedside care patients receive than I was at any time during the second World War. In my opinion, the five-year course for nurses has been a mistake. The products of such a course are educated to be administrators and teachers, but where are the nurses who are qualified to nurse the patient coming from?

At the present time, a student must finance herself through two years of university training. She works in the hospital only during the last quarter of her university training then follows three years in the hospital, without a great deal of income. Any young woman who spends that amount of time and money must have an extraordinary affection for nursing. Five years is a long time for a young

October R.N. 1952



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woman to prepare herself for her life work—many of the girls who enter university training never enter a hospital for nurses' training; others drop out in the first year. Under the old three-year course, a nurse was assured of board and room during her training period as well as hospital care in case she became ill during training.

Are our educators and university nursing staffs going to allow bedside nursing to become the sole charge of the practical nurse by insisting that a registered nurse spend five years in order to care for the patient while he lies in the hospital bed? In my training days I was taught "the patient comes first." But does he come first in the viewpoint of the university nursing school? After all, what are nurses for? My suggestion is to return to the three-year nurses' training. If individuals wish to qualify for better nursing positions after that, the university is always open to them.

(Mrs.) HAZEL M. ANDERSON, R.N.  
SEATTLE, WASH.

## TRACHEOSTOMY

Dear Editor:

A big "thank you" to Althea Powers for a job well done on the article "The Terrible Tracheotomy" [R.N., March]. I should know, I've been wearing a tube for five years. An arytenoidectomy was done on the right side of my windpipe and I have a speaking tube to wear in place of the small cannula. It isn't necessary to hold my fingers on it to talk. If

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any other nurse is wearing a "t" tube, I would like to exchange comfort tips, or correspond with interested persons who know this work. I have had many serious set-backs but am determined to get well and be in uniform again.

MARILLA E. ARMSTRONG, R.N.  
CLEARFIELD, PA.

## DAMAGES DENIED

Dear Editor:

Recently I read a news item which stated that a graduate nurse and three student nurses lost a \$100,000 law suit in which they claimed they contracted hepatitis as a result of negligence on the part of the hospital in which they worked. Had I known those nurses I could have told them that they could not possibly win their case. But if their claim had been supported, the courts would very probably be clogged with similar claims. Ask any R.N. how many times she has known of students and graduates not only catching a disease while on duty, but even dying as a result.

EMMA A. SANFORD, R.N.  
EAST ORANGE, N.J.

## LET'S DEFINE DUTIES

Dear Editor:

I am sick and tired of all this controversy over practical nurses. They are invaluable I think, but every article I read says their duties are baths, bed, trays. This is what aides are doing. The practical nurse is at a loss as to where she stands. One hos-

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One of the principal causes of externally-produced diaper rash is the formation of ammonia in the urine. A Dennison Diaper Liner, used inside the regular cloth diaper, retards the growth of ammonia-forming bacteria — thus protecting baby's tender skin.

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pital will let her do treatments and give medications. The next hospital will not let her do anything. Why not make up a set of rules or duties for practical nurses and aides? Each hospital could then hire its help according to the jobs it wanted performed and if aides were allowed to do practical nurses' duties in one hospital, that hospital could be removed from the list of approved hospitals. Many hospitals today seem to be interested mainly in running within a budget, and as a result they hire one R.N. to a floor, one or two practical nurses to relieve when the R.N. is off, and staff the rest of the floor with aides. The cry to join your district is a laugh. When problems like this are presented to our district nursing association, we are told that they are problems which concern hospital management or administration. We are told that such problems are not the business of the district.

R.N., CHICAGO, ILL.

[*We who encourage membership in the ANA do so because we honestly believe that nursing problems must first be approached on a local level. You who are giving nursing care in hospitals are part of administration—you are administering directly to the patient. You are more aware of what kind of care patients are getting than is anyone else. Take the initiative. Work through district forums and committees, but determine yourself what you believe to be safe nursing practices for subsidiary nursing personnel. If the local hospital administrators refuse to consider sound recommendations, the state and national*

*hospital associations may see reason if problems are brought to their attention.—THE EDITORS]*

## Correspondence Course?

Dear Editor:

I feel something should be done to help nurses who have left the state in which they became registered but wish to practice in their new state. I trained in a small Southern hospital and got registration in that state; spent one year at Johns Hopkins, became registered in Maryland. Next I served in the ANC, which could have sent me into any state or any foreign country to nurse, but now that I'm a civilian again I get the old answer in any new state, "You have to take our state board exams because you just don't qualify." In one case, it took me about six months to obtain papers, high school records, nursing records, etc. before I was told that I would have to take a written exam. Taking the exam is not my chief complaint. I will take it gladly, but after 8 years I feel that a refresher course is necessary—and is something all nurses need after a few years have gone by. If such a course is available for nurses, I cannot find out about it. I say there should be a nationwide correspondence school that can give R.N.'s refresher courses as often as they wish to take them.

R.N., WILMERDING, PA.  
[*Many hospitals are offering refresher courses to nurses in the local area. Your SNA may know of hospitals near you.—THE EDITORS*



## DOCTOR...what do you demand of a baby lotion?

**1. Ease of application?** Johnson's Baby Lotion meets this requirement, for it is both simple and pleasant to use—whether applied to the entire integument, or to the perineal and gluteal regions only.

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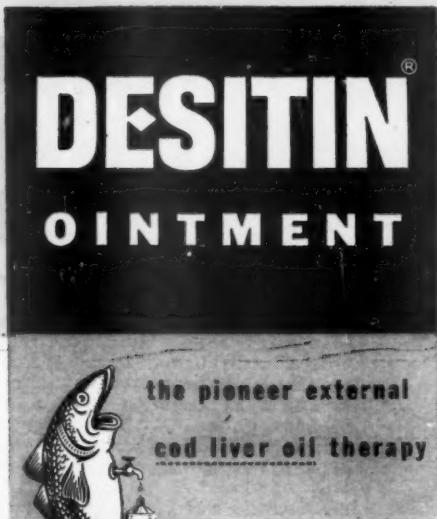
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1. Heimer, C. B., Grayzel, H. G. and Kramer, B.: Archives of Pediat. 68:382, 1951.

2. Behrman, H. T., Combes, F. C., Bobroff, A. and Leviticus, R.: Ind. Med. & Surg. 18:512, 1949.

# antibiotic highlights



Pfizer

CONTROLLING NURSERY DIARRHEA: Overcrowded nurseries and inadequate staffs continue to make infectious diarrhea a threat to infants. Investigators at Buffalo Children's Hospital\* raise the possibility of airborne transmission... "The simple transfer of a low grade infection from one hospital attendant" can start an outbreak. New York City Health Department's Bureau of Preventable Diseases cautions against entering the nursery while having even the slightest intestinal disturbance. Recommendation is made for at least 24 sq. ft. of floor space for each infant...a maximum nurse-baby ratio of 1 to 12 per full-term nursery. In crowded nurseries, more rigid controls are in order. At first signs of diarrhea, Neter and co-workers recommend "immediate isolation and nursery quarantine" simultaneously with antibiotic administration. The broad antimicrobial spectrum and easy administration of well-tolerated Terramycin is found to be of real value in the control of this disease." Oral Drops or Intravenous form of Terramycin may be used. For a more detailed account see Pfizer "Spectrum" August 16, 1952 issue J.A.M.A.

\*Neter, G., et al.: Am. J. Public Health (December) 1951.

CONGENITAL SYPHILIS—OPD CHALLENGE: New York City Health Department reports a decline of "only 13.3% in cases of congenital syphilis between 1946 and 1950." Investigators hold "with greater antepartum care, early diagnosis and penicillin therapy during infancy...congenital syphilis can be eradicated."\*\* Recommended total penicillin dosage for children under 2 years: 300,000 units penicillin G per Kg. body weight, in divided doses. Older children: 600,000 units daily or twice weekly, up to a total of 6,000,000 units. Valuable time and effort saved in the OPD with STERAJECT† disposable cartridges, providing full premeasured penicillin dosage. No medication waste from use of multiple dose vials.

\*Wallace, H. M., et al.: New York State J. Med. (March 15) 1952.

## In the Pediatrics Ward

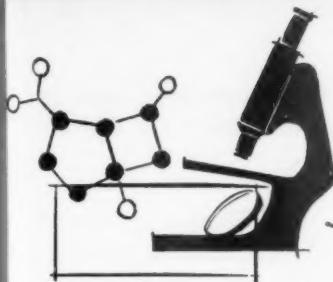
2 POTENT PALATABLE LIQUID PENICILLINS: Pen-Drops† (for infants) and Liquapent (for children) assure freedom from injection-objections...regular eating and sleeping schedules...time saved on the floor! Liquapen provides 250,000 units\* per palatable teaspoonful (5 cc.). Pen-Drops, 100,000 units\* per cc., "ready-mixes" with milk or formula. \*buffered penicillin G sodium crystalline

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## Science Shorts

Following the recommendations of a special National Research Council committee, the Food and Drug Administration has decided to permit continued distribution of chloramphenicol (Chloromycetin). It was concluded that the value of the drug far outweighed its capabilities for causing harm. However, the FDA specified that circulars accompanying the drug must state that the drug is not to be used indiscriminately, that blood dyscrasias may be associated with its administration, and that adequate blood studies should be carried out "when prolonged or intermittent administration is required."

\*

*Malaria, which kills 3 million people a year, is the most important health problem in the region of Afghanistan, Burma, Ceylon, India, and Thailand, according to WHO reports.*

\*

New techniques in rehabilitation have made it possible for nearly all total laryngectomy patients to acquire a natural form of speech without resorting to artificial aids, Dr. Nathaniel M. Levin, otolaryngologist of Miami, Fla., points out. In a *JAMA* article, Dr. Levin writes that the diaphragm, esophagus, pharynx,

and other organs can be used to produce sound through the substitution of swallowed air for exhaled air. The patient usually learns to talk quite well following one month's training.

\*

*In 1908, over 25 per cent of all blindness among American children was caused by "babies' sore eyes." Today only 1.2 per cent of the blindness among children can be attributed to this cause.*

\*

Thiamylal sodium, an anesthetic, tends to lessen the dangers associated with electroshock in the treatment of various mental disorders, Dr. Earle O. Brown Jr. of Ypsilanti State Hospital, Ypsilanti, Mich., reports. Dr. Brown writes in *Archives of Neurology and Psychiatry* that the drug appears to so minimize muscular activity that electroshock can even be administered with safety to patients with fractures. The anxiety of patients fearful of treatment is reduced, and the rise in blood pressure and pulse rate following treatment is significantly less when thiamylal is used. The drug is administered intravenously just before the current is applied.

\*

*Recent estimates of the USPHS and the National Tuberculosis Association indicate that there are some*

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Milwaukee 12, Wis.

400,000 active tuberculosis cases in the U.S. Of this number 150,000 are undiscovered.

\*

A study of 26 families published in the *Journal of Pediatrics* revealed that the second child often exhibits the most pronounced symptoms of emotional disturbance. An unconscious rejection of the second child and the pre-occupation of the mother with the first born seem to underlie the second sibling's abnormal behavior. Indications of such a disturbance may be slowness in speech development, poor eating and sleeping habits, severe crying spells, excessive quietness, resistance to bladder training, restlessness, destructiveness, willfulness, and temper tantrums.

\*

The World Health Organization has selected Isoniazid as the international, non-proprietary name for isonicotinyl hydrazide, one of the new anti-tuberculosis drugs.

\*

Rushing the patient to the hospital immediately after a heart attack may do more harm than good is the opinion of a group of University of Buffalo School of Medicine doctors. Since the slightest stimulus following coronary occlusion may result in death, these doctors recommend that the patient be kept extremely quiet for the first four hours following a heart attack; they believe that possibly two-thirds of the sudden deaths in young men from heart disease might be avoided if this precept were always followed.



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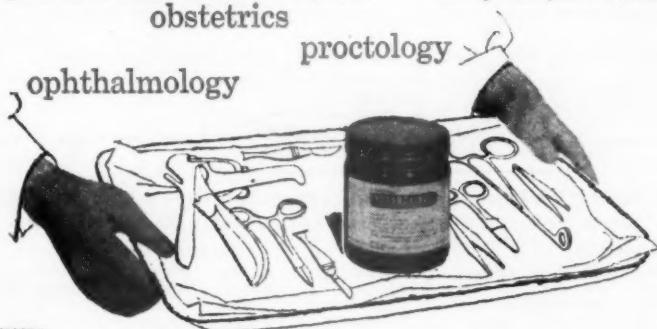
ophthalmology

tum. Issued in one-ounce tubes with rectal applicator and one-pound jars for office use.

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## WHEN DRUG THERAPY

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CHLORINE.....	.900 mg.	MANGANESE .....	.04 mg.
COBALT.....	.006 mg.	*PHOSPHORUS .....	.940 mg.
*COPPER.....	.07 mg.	POTASSIUM .....	1.300 mg.
FLUORINE.....	.30 mg.	SODIUM.....	.560 mg.
*IODINE.....	.07 mg.	ZINC.....	2.6 mg.
*IRON.....	.12 mg.		

### VITAMINS

*ASCORBIC ACID.....	.37 mg.	PYRIDOXINE.....	.06 mg.
BIOTIN.....	.03 mg.	*RIBOFLAVIN.....	2.0 mg.
CHOLINE.....	.200 mg.	*THIAMINE.....	1.2 mg.
FOLIC ACID.....	.05 mg.	*VITAMIN A.....	3200 I.U.
*NIACIN.....	.67 mg.	VITAMIN B <sub>12</sub> .....	.0005 mg.
PANTOTHENIC ACID .....	3.0 mg.	*VITAMIN D.....	.420 I.U.

\*PROTEIN (biologically complete)..... 32 Gm.  
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\*Nutrients for which daily dietary allowances are recommended by the National Research Council.

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# R.N. speaks: THE EMERGING PH

■ FOR TEN LONG YEARS nursing has continued in its transitional state of chronic crisis. To date, even with the keenest, as well as the most mediocre, minds clashing in the contest of controversial ideas, abstract solutions, and speculative experiments, the spiral of crisis shows not the slightest evidence of flattening out. Nursing's mounting shortages, changing attitudes, and shifting structure have combined to make the nursing canvas more and more of a jigsaw—a puzzle that has aroused the resentments, fears, and suspicions of a great number within the profession.

Gradually, however, as bolder strokes are applied to the canvas, the future becomes more distinguishable; the parts of the jigsaw appear to be arranging themselves in a more comprehensible pattern for those who will take the time to study them.

Driven by "crisis," a complex which has affected the entire profession, nurses have done much in its name. "Crisis," however, is a double-barreled word—so recognized by the Chinese very early in their culture. The Chinese word for "crisis" bears the symbol of opportunity on one side, that of disaster on the other.

How has the "crisis" in nursing been met? What is the pattern?

Has it not been the pattern to have "all knowing" committees, safe in group anonymity, confer, in many instances, hastily, frequently, and superficially on major problems?

What have some of these committees done for and to the profession?

Nursing's "social engineers," as they proudly call themselves, the disciples of the patterned life, the planned economy, are leading the profession to its turning point—opportunity on the one hand, disaster on the other.

So far, working through committees, these "engineers" have succeeded in creating for us, in the name of advancement, a bewildering emotional vortex of conflicting ideals and values. "Progress" is their God; the "operational and scientific approach" their Gospel.

Armed with a synthetic philosophy, a scientific yardstick, and the current cost of living index, they have caught us up in a fermenting

GIVE



ENOUGH!

# PHILOSOPHY

whirlpool in which nurses, patients, and hospital administrators are played against each other for the highest stakes. This, we are told, is the democratic way of life.

In this planned profession, no longer is the *individual* important. The individual must be sacrificed to the group, so we are told over and over. "Groupthink" is the new order of the day. Nurses *must* all support the same values, push toward the same goals. Everything for the sake of unity.

We should be "indifferent to certain kinds of social disapproval which may be directed toward us." We should think in mass, act in mass, and who knows, as a profession go down in disgrace in mass.

Those within our numbers who resist the change in values, who express a negative opinion, should be asked to stand so all can view them. Then out of charity, and to the letter of the democratic procedure, they should be given the opportunity to change their vote. If they should refuse, ignore them. They are hopeless "traditionalists," pulling down the profession with their outmoded ideas and ideals.

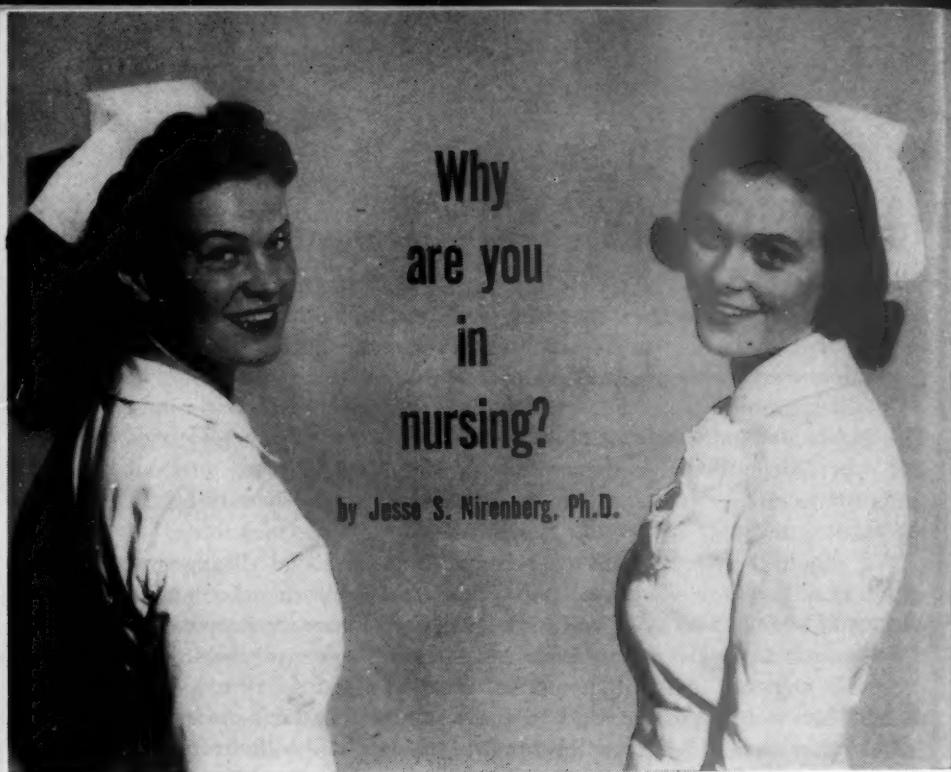
In this struggle to superimpose on the profession the new order of the day, individualism has no place, it is unanimity we want—is it not? Did you say the vote wasn't unanimous? Don't worry, we won't count those negative votes. Record the vote as unanimous.

Such an idea is preposterous, a fantasy, you say? Not as preposterous as you would like to believe. Someone interested might like to check on the number of negative votes counted at all the business sessions of the past Biennial. At your next professional meeting, take notes on the number of negative expressions, the non-voters, and the number of times the Chairman strives to make a vote unanimous.

Arrived at by the great levelling process of group dynamics, better interpersonal relations, and social interaction, "groupthink" has permeated our schools, churches, government, and now our professional associations.

Before we wholeheartedly endorse a psychology where a representative will do the speaking for the individual—through the group—let's ask ourselves if the cost of unity bought at such a price is worth it. The price is our freedom—the freedom to think and speak for ourselves.

—ALICE R. CLARKE, R.N., EDITOR



# Why are you in nursing?

by Jesse S. Nirenberg, Ph.D.

American Red Cross

*A psychologist looks at nursing*

■ YOU'RE SCURRYING down the corridor with a heavy prep tray. Call lights start blinking like a neon sign gone wild. You check an impulse to hurl your tray at the insanely nagging phone. All of a sudden you're surrounded by anxious relatives chattering simultaneously. A demanding intern rounds the bend and grabs you for assistance with surgical dressings. By this time you're probably mumbling to yourself: This is nursing?

Yes, this is nursing. And if I were to ask you why are you in nursing, what's in it for you, a few simple answers would come rushing to your lips to hide the deeper feelings from

yourself. What are these feelings that represent facets of personality characteristic of nurses?

We spend our lives satisfying basic needs such as hunger, thirst, sex, love, etc. We all have these needs in common. In the course of development from birth onward, we develop feelings about the world, people, and ourselves. Some of us have the feeling that the world is a gay place with fruits waiting to be plucked, and that life is a lark. Others feel that life is full of lurking dangers and one must fight ruthlessly and desperately to survive. Some feel that people are generous and honest, and that goodness triumphs

in the end, while others feel that people will cheat them any chance they get and that they have to put their faith in the dollar because people can't be trusted. Again, some feel that they are bright, capable, and well-liked, while others worry about their abilities, their appearance, their health, their wealth, and their acceptance by others.

In other words, we all have feelings about men, women, ourselves, authority, fate, sex, money, sins, and punishment. Each person acts on his own peculiar set of feelings. And each pursues the common basic needs in a different manner, as determined by his pattern of feelings.

People, in many instances, choose jobs which enable them to act out their unconscious feelings. They are not generally aware of the relationship between their feelings and the choice of jobs. Jobs can be classified according to opportunities they provide for such expression. A job may involve working mainly with ideas or with objects. If working with ideas, it may involve predominantly abstract ideas as do scientific research work and literary work. Or it may deal primarily with concrete ideas as accounting and nursing do. Nursing provides opportunities for working with one's hands as well. Whether working with ideas or objects, a job may involve a sequence of continuously repeated acts, such as those found on assembly lines, or it may deal with ever varying situations as do nursing, radio repair work, and law.

On another dimension, a job may

mean working alone or working with people. A person may work alone with objects or ideas in such occupations as followed by an artist or research chemist. Working with people may involve working on objects or ideas in a group, or working on people through relationships with them. Most manufacturing includes workers cooperating to produce objects. Teachers, social workers, nurses, and doctors all work on people through relationships with them.

Now let's relate the acting out of feelings to choosing a job. John Jones feels threatened by interpersonal relationships. He feels inadequate to cope with people. He views them as emotional, unpredictable, and generally unsafe, and likely to hurt him in some way if he becomes involved with them. He is not conscious of these feelings but acts on them nevertheless. So he may choose engineering, or chemistry, or brick laying, or carpentry, or accounting, where he deals with things which he can control and are therefore safe, and where his relationships with people are only incidental. His feelings about his own adequacy with his hands or with ideas, and his intelligence will narrow down the choice still further. Mr. Jones is not aware of how these feelings operate and usually provides other reasons, "I just like that kind of work," or "I'm good at it."

On the other hand, Mary Brown may have feelings about people which cause her to try to satisfy her needs through interpersonal relationships. She chooses a career ac-

cordingly. Feelings of adequacy with her hands, or with words further determine whether, for instance, she chooses nursing or teaching; granting that circumstances also exert an influence.

The kind of relationship a person seeks will further affect the kind of work he chooses. A person may try to get away from people by pursuing occupations which minimize the need for interpersonal relationships, such as mechanical work or scientific research. And if he wants to get clear out of this world, he becomes an astronomer and escapes in space, or an archaeologist or historian and escapes in time.

If he wants contact with people, he chooses work which is centered around relationships such as teaching, sales work, personnel work, administration, medicine, nursing, etc., and acts out his feelings in these relationships. For example, Bill Smith feels hostile toward people. He is not afraid to express this hostility. Therefore, rather than avoid people, he chooses a job which allows him to safely act out this hostility. However, he is not aware that this is his reason for choosing the job.

Hostility is expressed by trying to destroy, or to control or dominate. A hostile person generally feels that the world and its people are hostile toward him. He tries to remove the threat of their hostility either by destroying or by controlling them.

If Bill Smith expresses aggression through domination, he may become a prison guard, a supervisor, or a sergeant; he may choose teaching

and dominate his students; or he may become a salesman trying to express aggression by dominating the customer in his purchase. Harry Black, however, may have destructive impulses. He might become a housewrecker, a lumberjack, or a biologist doing dissections. He may become a butcher, or if talents permit, a surgeon. There are also many opportunities in nursing to express aggressive impulses.

A man can be frightened by his own hostile impulses. Fearing the results if they should ever escape his control, he chooses work which gives him a chance to fight these impulses. He could become a cop and track down criminals who represent to his unconscious mind his own feared impulses; or become a devil-fighting minister wrestling with the Satan inside himself. An animal trainer may be symbolically taming the ferocious tiger within, and at the same time expressing his own aggression through domination.

Feelings of dependency may influence the choice of a job. Tom Turner feels unable to cope with continually changing situations. He feels inadequate to make decisions or assume responsibility. He thinks he is too inept to organize a task, and too dull to impress people. This need not have anything to do with the true situation. He may really be quite bright and impressive, but he doesn't feel that way and is afraid to trust himself. Consequently, he becomes a servant or an assembly line worker or a file clerk—anything where the [Continued on page 74]



## Candid Comments ++++++

### THINK FOR YOURSELF!

■ WHEN MY GENERATION was very young, the universe extended only to the horizon we could see, and most of the people in the world lived in our town, and went to our church. When my generation became nurses, our environment changed, but not the size of our world. It was bounded on four sides by hospital walls or those in the homes where we did private duty. We had no civic duties, had little sense of identity with a growing profession, and we knew only the major field of work of that day—private duty.

In a few quick decades, the whole scene changed. Today we know the universe reaches into infinity far beyond the comprehension of our finite minds. We know there are almost 2½ billion people on earth, and that the biggest job before mankind is to learn better ways for humans to get along together. We have seen nursing become a most diversified profession with new fields of work opening constantly. The 24-hour day has been abolished; the 84-hour week has been cut in half; nurses live in their own homes and enjoy an independence undreamed of forty years ago. Nursing has been established as a vital public service, designed not only for care of the sick, but to help promote the health and security of all our people in all stages

of life. This is a new development.

While this generation's nurses have welcomed the increased leisure, the more natural way to live, and the greater opportunities, too many have not accepted the professional and community responsibilities that go with these advances. Their horizons are no wider than ours were decades ago. And that is not good. To demand and accept "rights" without also accepting the responsibilities that *inexorably* go with rights is to invite a materialism that leads to dry rot. It makes us forget that the day we accepted our caps we also accepted something more than an opportunity to earn a living. In the helping professions one principle must forever remain unchanged—the cause we serve must always come first. The moral fibre that preserves a profession's integrity and keeps it true to its purpose is endangered when we lose sight of that principle.

We live in a big world that gives us bigger things than we have ever had—we have to measure up to this expansion. One of my friends, a nurse leader, tells of the committee of nurses who called upon the chairman of a state legislature's health committee to ask his support for a new nurse practice bill. "How many

by Janet M. Geister, R.N.

of you are registered voters," he asked. "Only one of you? Then how can you demand our interest in your affairs when you show so little in the affairs of others?" Nurses are *people*, with the same needs, the same ambitions for their families, the same desires to be somebody, that all people have. Our town, our country, our world, cannot go forward except through the actions of its people. Therefore, we cannot accept the gift of community life without making gifts in return. We lose out in the end if we try to.

That principle holds in all our actions, professional as well as civic. It is my deep conviction, for example, that any program improving nurses' economic lot and working conditions is inseparably tied to an equally pressured program for improving patient care. It is not the fault of nurses when poor hospital management results in needless patient neglect or needlessly wretched care. I believe it is our duty, however, as we battle for better things for nurses, that we battle just as hard for the conditions that enable us to give adequate service for higher pay. A non-professional group *may* center all its interest on pay raises and ignore any duty to relate these raises to production, but I do not believe a profession can safely do so. And let no one interpret this as opposition to the principle of "economic security."

The world, from our front door to the far side of the earth, greatly needs people who use their heads to think with. There is a tremendous struggle going on today to capture

men's minds—for to capture men's minds means to control men's actions. This struggle permeates every area from the Iron Curtain down to the village debating society. We are being told not *how* to think, but *what* to think. "The man of today," writes Dr. Albert Schweitzer, "is exposed to influences which are bent on robbing him of all confidence in his own thinking . . . Over and over convictions are forced upon him in the same way as electric advertisements which flare in the streets induce him to buy boot polish or soup tablets."

This has meaning for us as nurses as well as citizens, for we are making portentous changes. A whole new pattern of nursing education and nursing care is being evolved. The fortunes and futures of all professional nurses are involved in it. So is the care of the patient. The technique of collective bargaining is the agreed upon method (by the ANA House of Delegates) for obtaining better employment conditions for nurses. A radical change in our forms of organization has just been voted upon. The benefits or lack of them in these projects will affect every practicing nurse. The message I preach from every platform is "Do your own thinking! Have faith in your own ideas!"

Recently, I was sent a clipping from a western newspaper—a pre-biennial news story. Very obviously, the information given the feature writer was aimed to favor votes for two ANA candidates for high national office, who were stated to be "in favor of the economic security pro-

gram." Their opponents, it was reported, had taken no such stand; in fact, the implication was that they were against the program. To my knowledge, at least one of these women had never been given an opportunity to express herself openly on her stand, though she was more than willing to do so. I suspect this is true of the other. Such shoddy politics has no place in nursing affairs, but nurses who never question what they read and hear are at fault too. Of course, it is easier to accept the "they says" than to demand proof. This is also a surrender of our minds. We let someone else form our opinions, a luxury neither our profession nor the world can afford for its members.

The nurse as a citizen has a rich gift to give to her fellow-men. While the universe has expanded, the world itself has become compressed. In a matter of moments we can speak to a man across the world; in a matter of hours we can go to see him. We need a whole new concept of what it takes to be a neighbor—or, as Norman Cousins puts it, "to look at someone anywhere in the world and be able to recognize the image of ourselves." Not until the world has a more intelligent and merciful knowledge of all its people can we root out wars and help people rise above ancient miseries.

Nurses know what people of all races are like. We meet cross sections of them in hospitals, industries, schools, communities. Some nurses go to other countries to work among "foreigners." [Continued on page 68]

## WE WERE NOT ALONE



"The [1952 Biennial] meeting will probably go down in history as the meeting of 'I move the previous question' which stopped debate. The writer of this report counted 29 such motions and believes she missed out on some."

from *Newsletter of Texas Graduate Nurses Association*,  
by A. Louise Dietrich, R.N.

"With the opening business session Pearl McIver, chairman, Joint Coordinating Committee on Structure, reported on the work of the committee and moved that approval be given the two-organization structure. After the motion was seconded a delegate from California rose and moved the previous question. Such a motion allowed for no discussion of the merits or weaknesses of the plan. The president called for a standing vote and ruled that the motion to accept the two-organization plan carried. There was considerable disagreement among the delegates. The president referred to the parliamentarian who ruled very flippantly that the delegate making the motion to consider the previous question had just out-smarted the other delegates. No discussion was possible and the motion had carried.

There were still grave doubts and the first order of business in the next business [Continued on page 72]



## MRS. GAMP.

(FROM 'MARTIN CHUZZLEWIT' BY CHARLES DICKENS)

# I TAKE UP FOR MRS. GAMP

by William Serey Powell

■ IT IS NO COMPLIMENT today to a modern R.N. if one of her patients refers to her as a "regular Sairey Gamp," although I think the expression has taken on a derogatory connotation not intended by its originator. Mrs. Gamp, as some young people possibly might not know, was the "sick nurse," or "monthly nurse," in Charles Dickens' novel, *Martin Chuzzlewit*, published about a hundred years ago.

The expression, "a Sairey Gamp," has taken its place in our language in the same manner as many other more familiar ones, and, to most people, means an ignorant, drunken, negligent, dishonest, and generally unsavory character in the nursing profession. Though most people think of Mrs. Gamp in that light, I am not too sure that they are right. I really don't think she was quite as bad as many critics, even gentlemen of scholarly propensities, make her out to be. That is why I am attempting a defense of the poor, helpless creature who cannot speak in her own behalf.

Mrs. Gamp had some good qualities, qualities that I think it is necessary for a good nurse of today to have. However, we must remember that a century ago nursing was not the highly specialized, honored, and respectable profession it is now. There were no nursing schools as we know them today; the profession

was just getting started. Doubtless there *were* nurses of an unsavory or disreputable character, but it does not seem to me that a sympathetic reading of Dickens' novel reveals Mrs. Gamp to be such a person, even though a recent historian of nursing says that Mrs. Gamp "was doubtless a fair sample of the frowsy, often dirty, untrained women who served as nurses in many homes."

This same writer goes on to say that the "purpose of such women was to make a living, and nursing, they thought was as good as any . . . Neither any knowledge of the field of medicine, which was still so very backward then, nor any real interest in the sick people, nor sympathy for them, prompted the average 'sick nurse' of the day."

We must keep in mind that the London of Dickens' time was not the London of today; it was noisy and rough, swarming with people, highly individualistic; and, especially among the lower classes, with whom most of Dickens' stories deal, it abounded in poverty, crime, and misery of all sorts. A person had to have a lot of moral stamina and inner determination to even survive. And although Mrs. Gamp's life was hard at times, she managed to survive with courage and a fine sense of what was right and wrong.

Probably the first and most vehement indictment that is brought

against Mrs. Camp is that she drank too much. But in an age when there was much drinking and very much drunkenness, it seems to me that Mrs. Camp had some pretty sound principles regarding drinking in connection with her work. Dickens portrays Pickwick and even Pecksniff as getting helplessly drunk, but not Mrs. Camp: she got "tiddley" and that is as far as it went. In the jargon of our day, she probably "had a buzz on," was perhaps a little more talkative than usual, but in full control of her faculties, and probably appeared more amusing than obnoxious.

I know of no incident in the book where she was ever drunk on duty. Moreover, I should say that she was quite temperate in her drinking, her main drink being beer or ale. In one place she says: "If they draws the Brighton Old Tipper here, I takes *that* ale at night, my love, it bein' considered wakeful by the doctors." In another place she tells Mrs. Harris: "My half a pint of porter fully satisfies; perwisin . . . that it is brought reg'lar and draw'd mild."

It was only occasionally that she drank anything stronger than beer, and she had to be pretty upset emotionally to do that. She says: "It gives me sech a turn, I don't deny it, . . . that I never could have kep myself up but for a little drain of spirits, which I seldom touches, but could always wish to know where to find, if so dispoged, never knowin' wot may happen next, the world bein' so uncertain."

Even when she did find it expedi-

ent to take some stronger spirits, it seems to me that she was again very temperate. She says: "And whatever you do . . . don't bring more than a shilling's-worth of gin-and-water warm when I rings the bell the second time, for that is always my allowance . . ."

From what I can make of the novel, Mrs. Camp had a very high devotion to duty, an admirable quality in a nurse. We first meet her when Pecksniff rattles in his cab over Holborn stones to her lodging at the bird fancier's shop. Arriving at last, he wakes her by hitting her window flower pots with the coachman's whip. We learn that she has been up all night at a confinement, has gone to bed tired and weary in heart and body, but her first words are: "I'm coming." She was not an R.N., but no fu'; certified nurse today could show more devotion than that.

When we consider how very difficult most of Mrs. Camp's cases were, her devotion to her calling is emphasized all the more. Her closest connection with the intricate plot of the story is her nursing of Lewsome, who had provided the poison for Jonas' attempted patricide. She provided antenatal care for poor Merry, and nursed the demented Chuffey.

Commenting on her devotion to duty, one writer states that it "was no fun sitting up all night alone in the Bull Inn bedroom with a man suffering from an infectious fever, delirious, moaning, and shrieking. He had no visitors, and except for Westlock, who paid the bill, no

friends. Night after night for 12 hours at each stretch of duty, Mrs. Camp stuck to her post, and both she and Betsy Prig, the day nurse, were punctilious in standing by till their relief came. In neither the Lewsome nor the Chuffey case, both of which he describes in great detail, does Dickens allege negligence on Mrs. Camp's part."

Most of the night nurses I have known or heard about get pretty hungry in the wee hours of the morning, and I am wondering how many R.N.'s would evidence the abstemiousness in food that Mrs. Camp showed, or be satisfied with the meal that had to sustain her through 12 hours of night duty. In one place, the old nurse tells the assistant chambermaid: "I think, young woman, that I could pick a little bit of pickled salmon, with a nice little sprig of fennel and a sprinkling of white pepper. I takes new bread, my dear, with just a little pat of fresh butter, and a mossel of cheese. In case there should be such a thing as a cowcumber in the 'ouse will you be so kind as bring it, for I'm rather partial to 'em and they does a world of good in a sick room." Although Dickens portrays Mrs. Camp as a round, fat woman, how she got so on such a dainty diet seems a bit bewildering.

I have said that Mrs. Camp's life was a hard and a rough one, and in addition to coming to this conclusion from a consideration of the incidents in the story, we have Mrs. Camp's own words for it. In commenting on her 38 years of service to the sick

she says: "I am but a poor woman, but I've been sought arter, sir . . . I've been knocked up at all hours of the night, and warned out by a many landlords in consequence of being mistook for Fire. I goes out workin' for my bread, . . . but I maintains my independency . . . which I will till death . . . Bless the babe and save the mother is my mortar, sir, but I makes so free as to add to that, Don't try no impogician with the Nuss, for she will not abear it."

This speech alone tells me that Mrs. Camp liked to be independent, accepting no favors, working for her living, and standing on her own feet. Coupled with this determination to get along in the world—a hard, cruel world, remember—is a certain respect with which she looked upon her vocation. Her work, probably low and mean at times, takes on a certain dignity. She is proud of what she is doing to earn her keep.

Mrs. Camp was a widow who had lost all of her three children. Alone in the world, she had to work; and she worked hard. Her pay was not much: 1s. 6d. a day for working people and 3s. 6d. for gentlefolks. Sometimes she doubled the duties of a day nurse and a night nurse. Emerging from cramped and noisy lodgings, she braved all kinds of weather. Her pattens and her famous gig umbrella were distinguishing marks. The latest Webster's dictionary lists the word "gamp" as a noun, and defines it as "a large umbrella," alluding to Mrs. Camp's bulky cotton umbrella.

Another [Continued on page 64]

# PSYCHODRAMA and Role-Playing

by

Alice M. Robinson, R.N.



A true-to-life learning situation teaches accepted "holds" for physical control of

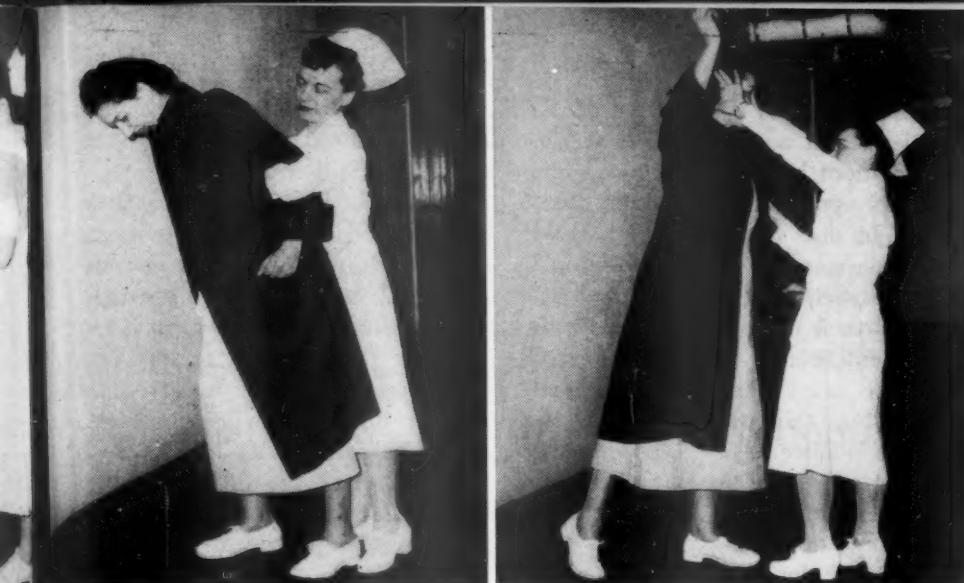
■ AN INVESTIGATION of group methods of teaching specifically in relation to the field of nursing reveals that *psychodrama* can be an influential teaching device. Although at present its use is considerably limited, its close ally, *role-playing*, is assuming an ever-increasing prominence in nursing education through demonstration in various areas. At Boston State Hospital, we have used both techniques with affiliate student nurses, and also, to a somewhat lesser degree, in our attendant in-service training program.

## PSYCHODRAMA

Psychodrama, as a psychotherapeutic agent, aims toward the *spontaneous* acting out, by patients, of their particular inner conflicts and emotional problems. It is based upon the theory that by re-enacting certain past events, or by propheti-

cally playing a part which may be expected of him in the future, a patient undergoes release of tensions, and builds up a renewed capacity to face his problems realistically. "Psychodrama provides an opportunity for meeting these situations in a protected environment where penalty for failure is minimal. Criticism is constructive and opportunity to compensate for unsuccessful solution by later trial is provided."<sup>1</sup>

This semi-realism, or immediacy of a situation which demands a reaction, provides the answer to some of the problems faced in teaching certain aspects of nursing. Foremost among these problems is the development of good interpersonal relationships. It is next to impossible to teach a student by standard methods how to react socially, emotionally, and intellectually to a strange



disturbed patients. Primary rules: (1) two or more nurses can control a patient most

effectively; (2) attempt at control should be made from behind patient, not from front.

person. And yet, is not this the first important adjustment the student must make with every new patient who comes under her care? In the nursing arts laboratory, the student gives her first bath, but the "patient" is usually a classmate with whom she is already quite familiar. Therefore an air of comfort and humor is inherent in the situation. By means of psychodramatic techniques, a true-to-life learning situation can be produced by substituting for the classmate-patient a person strange to the student—for example a nurse's aide, a hospital volunteer, or even an ambulatory patient who is willing to help out. Immediately following such a "trial run," the student, the instructor, and the "patient" can discuss not only the bedside care, but also the psychological care which the student was able to give. After

two or three such practice sessions, the student's fear of "the unknown" is lessened, and she has some concept of what the actual ward nurse-patient relationship will be.

Almost all students entering a mental hospital for the first time are fearful of what they may see, hear, and have to do during their psychiatric nursing course. Much of this fear is, again, the result of a lack of actual experience, and can be eliminated by the use of psychodrama. Psychodrama is best used after students have observed total ward situations, and as they begin to come into contact with the individual nurse-patient relationships which are peculiar to a mental hospital. For example, an underactive patient may present a severe feeding problem. A student already familiar with the patient should be chosen as the

auxiliary-ego\* to act the part of the patient, and a classmate, to whom the patient has been assigned, acts out her approach in the actual situation. In one such instance a bowl of water was being used as a "prop." The participating students had assumed their nurse-patient roles with such enthusiasm that the "patient" became angry and threw the bowl of water, thoroughly soaking the "nurse." Since these activities are done under the watchful eyes of other students and the clinical instructor, opportunity should be given after the session for discussion and the application of constructive criticism, if this is necessary.

Another example wherein the same technique could be applied might be an overactive patient who is abusive or assaultive. Often, in our classes, fear is acted out by the student taking the role of nurse by actual withdrawal, by silly laughter, or by an apathetic and ineffectual response. Such live visualization provides a learning situation for all.

Before students have been on the wards, one of the best ways we have found to emphasize the importance of being inobvious about keys is to have the instructor assume the role of the new student. Upon approaching the scene, keys are rattled, and several keys are tried in the lock before the proper one is located. Keys are twirled on the finger, and key cords left dangling to tempt the

impulsive patient. Such maneuvers are purposely exaggerated, but the lesson is usually learned.

Just as social workers, during their field experience in certain schools, are taught by the use of psychodrama the technique of interviewing, so may the public health nurse learn by this method to approach with ease and security patients within the home environment, whom she must interview.

In a Professional Adjustments course, psychodrama can be used as a medium of practice for students who, at the completion of their nursing course, will be applying for various jobs within the hospital situation or the community. The instructor may assume the auxiliary-ego role of a superintendent of nurses, or a physician, and interview the student realistically.

This technique has been used successfully at St. Elizabeths Hospital, Washington, D.C., with convalescent patients who were facing readjustment to the community.<sup>2</sup> One of the most difficult problems which they felt it necessary to overcome was the interview necessary in applying for a new job, and the inevitable question as to where they had spent the past six months or a year, or however long they had been mentally ill. According to letters received from discharged patients, psychodramatic sessions in which they "practiced" job interviews helped them greatly.

When psychodrama is used as a therapeutic device, the construction of the theater is considered a very important [Continued on page 57]

\*The auxiliary-ego is a person trained to take on the roles of individuals within a patient's home or other environment who may be important factors within the complex pattern of his problem.



Fall's  
NEW  
fashion  
changelings:



by Francie Hughes



As remarkable in their own talented way as the new "think" machines which add, subtract, and multiply at the flick of a switch, are Judy Nell's new "Weather Strippers" above. At the flick of a zipper, both coats shed woolen inner-linings which double their warmth. The zebra coat, left, can also shed its black velvet ascot for a simple tab; while the zibeline (fur-flecked-fleece) topcoat, right, can wear its velvet collar on the fleecy side or doff it altogether. Both coats have inner sleeves that defy drafts. Misses' sizes, under \$50; women's, \$60.



## Two more-for-your-money coats

R.N.'s looking for double their money, fashion-wise, will find it in Kerry's velvet coats, above. The dolman, left, comes (for under \$40) complete with charming velvet cloche and a sash that changes the silhouette from loose to fitted. The handsome loose coat, right, turns itself inside-out, from velvet to zebra-tweed, boasts a cloche with velvet crown, zebra brim, complement to both. (Under \$50)

R.N.'s with "problem" figures, looking for made-to-measure dresses at ready-made prices, will find two happy solutions in Berkshire's trimly tailored "B-tweens," below. Priced at a mere \$10.95 apiece, they are designed to fit the average American woman's figure: 5'4" tall (or under); narrow shoulders; short, full waist; more-than-ample hips. If you can qualify, settle for nothing less than both: the step-in, left, that buttons with jet from casual collar to way below the waist; and the zippered fly-front casual, right, with side-slanted bodice and side-slanted pockets at the hips. Both are in newly created rayon checks with the look of costly men'swear worsteds; in 12B to 22B—for B-tweens.

## Two made-to-your-measure-dresses



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Because one pair of glasses won't do for R.N.'s who want to look crisp and capable on duty; pretty and feminine off, Bausch & Lomb provide for work: the rugged plastic frames (above) with the youthful up-tilt; for play: slender gold; hardly seen.



## Shop Talk

To give Leonard Arkin's basic black dress that new "middy look," add "Counterstripe," Glentex' bright new scarf. It's a dazzling counterpoint of stripes, broad and narrow; costs under \$4. Have fun varying the look as you like by changing scarfs.



To undo summer abuse and restore luster to hair, apply Breck Cream Treatment before and after your shampoo. Hot towels help it along.

\*\*\*\*\*

To banish annoying electricity from Nylon, Orlon or Dacron uniforms and prevent their riding or clinging, add Nul to last rinse. 50 rinses \$1. Bruck.

\*\*\*\*\*

More than most, R.N.'s need comfort in stockings, so they'll be happy to hear of Gotham's new "Comfort Sole" with cotton plate, invisible under the foot of the sheerest Ny-lons. In 30 denier, 45 gauge, proportioned whites at leading stores. \$1.35.

For names of stores carrying items you want, write makers listed on page 98.

# Calling all Nurses

**Esther Louise Allen, Emma Hackett, Carol Maltke, and Ann C. Spector:** We have received keys belonging to you. Please send your present address to R.N.'s editorial department so that we may return your keys.

**Graduates of St. Peter's School of Nursing, New Brunswick, N.J.:** Please send your name, present address and year of graduation to Mrs. Florence Lyons, 65 Morrell St., New Brunswick, N.J. The Alumnae Association wishes to compile a filing system listing of all graduates.

**Martha Drexler,** married name believed to be Willets. Please contact Helen Murray Haslam, 13 E. Stanton Ave., Baldwin, N. Y. in reference to a reunion at the Crouse-Irving Hospital, Syracuse, N. Y.

**Retired nurses:** I am a retired California nurse who would like to share my home with other older nurses who might be interested in home where shared expenses could give us all a shelter in our remaining years. References exchanged. Mrs. Anna S. Waiss, Waishaven, Marvin Co., Lagunitas, Calif.

**Mary Archibald, Mary (Feeney) Rupp, Ada (Daniel) Boone:** How many birth announcements and Christmas cards must I accumulate before I hear from you and get a proper address? Amanda (Hoffman) Peters, Rt. 1 Lake in the Hills, Algonquin, Ill.

**Grads of Roseland Community Hospital School of Nursing:** Please send your maiden name, year of graduation, present name and address to Secretary of the Alumnae, Marjorie Jonkman, 10937 So. Wentworth Ave., Chicago 28, Ill.

**Lt. Mary Murphy Bumgarner:** Last heard from you at McClosky General Hospital, Temple, Tex. Would like to get in touch with you. Mabel Hancock Ingersoll, R.N., 306 Coleman Ave., Providence, Ky.

**Graduates of Corning Hospital Training School of Nursing, Corning, N.Y.:** Our Alumnae Association is preparing a directory of graduates in connection with plans for our Golden Anniversary celebration in 1953. All graduates are asked to send name (married and/or single), address and present place of employment to Mrs. Lillian W. Hovey, R.D. 1, Lindley, N.Y.

**Sadie Roberts, R.N.:** Don't know your married name or address. Please write Mrs. Ted Cole, R.N., 58 Trammel Ave., Canton, N.C. It's very important.

**Wanted:** If you know where white, long sleeved, nylon uniforms, size 12 1/2 may be purchased, please send the address to Alice Rumann, 1313 Summit St., Evanston, Wyo.

**Graduates of Johns Hopkins Hospital, Baltimore, Md. who are now living in Kentucky:** Five Kentucky alumnae are interested in forming a Kentucky Alumnae Club. We can exchange news of ourselves, other graduates and our school, and send minutes of our meetings to the Director at Johns Hopkins for her information and inclusion in the Alumnae Magazine. If you would like to join us please write to Marion B. Sprague, R.N., Director, The Appalachian School of Practical Nursing, 303 South Limestone St., Lexington, Ky.

**American Journals of Nursing wanted:** We're trying to build up two complete sets for our libraries. We need issues from 1900 to 1912 for one set, 1900 to 1925 for the other. Viana McCown, Director, School of Nursing, University of South Carolina, Columbia, S. C.

**Wanted:** The November, 1948 issue of *Industrial Nursing* magazine. In exchange for this one copy we can supply any number of odd issues from 1945-1948. Josephine Kinman, R.N., Consultant Nurse, Division of Industrial Hygiene, Georgia Department of Public Health, Atlanta, Ga.



## Reviewing the News \*\*\*\*\*

► THE NATION NEEDS 12,000 to 15,000 additional public health nurses to meet current shortages. Although more than 25,000 nurses are now active in public health work, representing a gain of over 4,000 during the past five years, the *15th Annual Count of Nurses in Public Health* reports a shortage of public health nurses in every state. Issued by the USPHS, the Count shows that 13 towns of 10,000 or more population and rural areas in over 650 counties are still without the services of full-time public health nurses. However, in 1942 less than 28 per cent of the nurses employed by state and local agencies for public health work had completed an approved program of study in public health nursing as compared with over 35 per cent in the 1952 count.

► OLDER NURSES are the subject of a project launched Sept. 2 under the leadership of Marjorie Tucker, R.N., director of the Counseling & Placement Service of the Massachusetts Nurses Association, in cooperation with the ANA PC & PS. Aim of the six-month study, which is expected to serve as a guide to similar projects in other states, is to "determine specific factors related to counseling and placement of many so-

called older nurses who need or want to work and who are having difficulty because of the age factor." It is hoped that results of the pilot project will assist in "obtaining employment for nurses on the basis of their functional capacity rather than on their age."

► NLN NAMES DIRECTORS: Re-announcement of the appointment of Anna Fillmore, R.N., as General Director, together with the appointment of directors of divisions, departments, and service-units has been made by the National League for Nursing. Miss Fillmore was formerly General Director of the National Organization for Public Health Nursing. Julia M. Miller, R.N., formerly Executive Director of the National League of Nursing Education, has been appointed Director, NLN Division of Nursing Education, and Marion Sheahan, R.N., Director of Programs, National Committee for the Improvement of Nursing Services, has become Director, NLN Division of Nursing Services. Ruth Fisher, who was formerly Associate Director of NOPHN, is the new Director, NLN Department of Public Health Nursing. Kathryn W. Cafferty, R.N., was selected as Director of NLN Department of Diploma and Associate Degree Programs. She previously held the position of Director of the Department

of Services to Schools of Nursing, NLNE. Helen Nahm, R.N., Ph.D., formerly Director, National Nursing Accrediting Service, has been appointed Director of NLN Department of Baccalaureate and Higher Degree Programs. The Director of the NLN Department of Hospital Nursing is yet to be named.

Other appointments include Mrs. Marjory B. Hyde, Director of the Membership Unit; Walter W. Dix, Director of Business Services; Mrs. Muriel C. Henry, Director of the Committee on Careers in Nursing; Ruth Bishop, Ph.D., Director of the Evaluation and Guidance Service, and Mrs. Edith Wensley, Director of Public Relations. Kathleen Black, R.N., has been named Director of the Mental Health and Psychiatric Nursing Project.

► COURSES AND MEETINGS: Reserve credit points will be granted to those Reserve nurses attending the 59th annual meeting of the Association of Military Surgeons. Sessions will be held at the Statler Hotel, Washington, D.C., November 17-19. Point credits will be given on the basis of one point for each day of attendance if the meetings attended total more than two hours . . . The University of Pittsburgh School of Nursing will hold a workshop, "The Contribution of the Industrial Nurse to the Total Industrial Health Program," November 10-21. Consultants from special fields will meet with the participants in the course and supervised field trips have been arranged. Tuition is

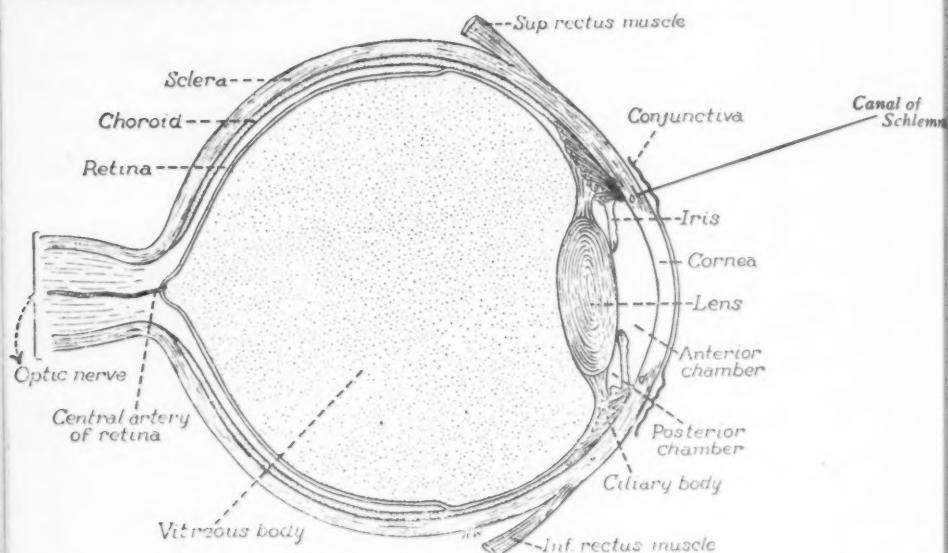
\$37.50. For application forms write Glenna G. Walter, Director, Program for Industrial Nurses, University of Pittsburgh School of Nursing, Pittsburgh 13, Pa. . . . Industrial nurses from New Jersey, New York, and Pennsylvania will get together November 1 and 2 at the Tri-State Convention for Industrial Nurses, Elizabeth Carteret Hotel, Elizabeth, N.J.

► NEW NAMES: The Joint Orthopedic Nursing Advisory Service and the Joint Tuberculosis Nursing Advisory Service have now changed their names. JONAS will now be known as the Advisory Nursing Service for Poliomyelitis and Orthopedics, and JTNAS has become the Tuberculosis Advisory Nursing Service of the new NLN. Sheila M. Dwyer is TANS consultant in nursing education and hospital service and Jean South is public health nursing consultant in education and service. Senior consultant for the Advisory Nursing Service for Poliomyelitis and Orthopedics is Louise Suchomel.

► LEARN WHILE YOU EARN— You can—at University Hospitals, Cleveland, and Western Reserve University where financial assistance plans have been set up to aid both graduate and undergraduate nurses. Tuition-paid study opportunities for graduate nurses wishing to enroll in Advanced Professional Programs at the Frances Payne Bolton School of Nursing include: Six months' continuous [Continued on page 81]

# GLAUCOMA

by Frances Lewis, R.N.



■ THE SPECIAL SENSE of sight is generally considered to be our most precious physical endowment. It is common knowledge that blindness evokes more sympathy than almost any other handicap. Yet, like so many of our other physiological attributes, we are prone to take vision for granted, and in some cases, abuse it dangerously by not playing the rules of the health game and seeking medical care.

Let's take glaucoma as a case in point. Startling statistics furnished by the National Society for the Prevention of Blindness indicate that 60 to 80 per cent of the blindness resulting from this notorious destroyer of vision could be prevented by detecting the disease in its early

stages and providing proper medical treatment. At this very moment there are some 800,000 persons over 40 years of age who are losing their sight from glaucoma but are not aware of it. The usual reasons for postponing treatment are: ignorance of significant symptoms; fear of a diagnosis; and, unfortunately, in some instances, misleading advice on the part of unqualified medical personnel.

Since glaucoma accounts for about 12 per cent of blindness in adult life, it would seem that nurses might pay more attention to the signs and symptoms of this ravager of sight. It cannot be stressed enough that if treatment is not instituted early in the disease, vision

may be lost, never to be regained. Because of their numerous contacts with so-called healthy people, public health nurses, industrial nurses, and school nurses may guide suspect glaucomatous persons to proper medical care. However, there is no reason why general duty and private duty nurses cannot serve also as glaucoma detectives.

In order for potential case-finders to understand some of the medical and surgical aspects of glaucoma it is first necessary to review briefly some anatomical and physiological facts. You will note from the illustration on page 50 that there is an anterior chamber in the eyeball located between the cornea in front, and the lens and ciliary body behind. This space is constantly being filled with aqueous humor, a watery salt solution believed to be derived by diffusion from the capillaries. Ordinarily, this fluid, which serves as one of the refracting mediums and helps to keep the crystalline lens in position, drains into the venous canal of Schlemm and from there into the larger veins of the eyeball. In glaucoma, however, fluid builds up within the chamber, either because of a defect in the drainage system or because of too rapid formation of aqueous humor. Since the eyeball cannot expand to accommodate the extra fluid, the intra-ocular pressure becomes elevated. If pressure is allowed to increase, the weakest part of the eyeball, the optic disc—where retinal nerve fibers converge to form the optic nerve—will weaken and become "cupped." The

formation of a cupped disc, which looks a little like a herniated navel, will result in the squeezing of delicate nerve fibres and, ultimately, atrophy of the nerves, narrowing of the field of vision, and blindness.

There have been many attempts to fix the blame for this increase in pressure, but thus far the etiological background of primary glaucoma remains as nebulous as that of essential hypertension. It has been postulated, though, that predisposing factors may be arteriosclerosis, old age, vasomotor instability, heredity, and hyperopia (far-sightedness). Common causes of secondary glaucoma are intra-ocular tumors, thrombosis of the retinal vein, trauma, surgery, intra-ocular hemorrhage, or the presence of an inflammatory eye disease which may prevent the escape of aqueous fluid. In congenital glaucoma, generally seen in infants and children, drainage of fluid is either obstructed by a congenital defect in the angle of the eye or by the absence of a normal canal of Schlemm.

Much of the immediate difficulty in the chronic simple and acute congestive types of primary glaucoma is related to an obstruction to the outflow of aqueous humor. In the diagram on page 50, you will see that the canal of Schlemm, which provides a fluid outlet, is located at the angle between the outer edge of the iris and the junction of the cornea with the sclera. In acute congestive glaucoma, there is a shallow anterior chamber, and the filtration angle is narrowed so that the canal of Schlemm becomes inaccessible for

drainage purposes. On the other hand, in chronic simple glaucoma, which occurs about five times as frequently as the acute congestive type, the anterior chamber is of normal depth, but there may be some obstruction in the sclerocorneal structure leading to the canal.

The ophthalmologist, Dr. Francis H. Adler, divides the category of chronic simple glaucoma into two distinct types which seem to correspond to the chronic and acute types mentioned above.<sup>1</sup> In the first—called narrow angle glaucoma—there is some hindrance to the entrance of aqueous humor into the recess where it leaves the eye through the canal of Schlemm. There is no obstruction in the second or open angle type. The instrument used by him and other eye physicians to differentiate the two kinds by determining the nature of the recess between the posterior surface of the cornea and the anterior surface of the iris is called a gonioscope.

According to Dr. Adler, the narrow angle glaucoma, in which the aqueous humor cannot enter the recess to flow into the canal, is marked by frequent periods of high pressure with symptoms of blurring of vision and pain, finally culminating in an acute attack. Patients suffering from an acute attack experience a sudden onset of throbbing eye pain, nausea and vomiting, lid swelling, lacrimation, and a dilated fixed pupil. Vision becomes poorer after each attack, and if treatment is not begun the optic nerve head completely atrophies and blindness ensues. At-

tacks are precipitated when the pupil is dilated by mydriatic drugs, such as atropine, or by emotional disturbances. Again, if you examine the diagram, you can appreciate the fact that the larger the size of the pupil, the thicker will be the iris, and the narrower will be the angle for fluid outlet at the junction of the iris and cornea.

*Symptoms suggestive of narrow angle or acute congestive glaucoma are: clouding of vision, pain in head and eyes, and seeing colored halos around lights.*

A "provocative test," in this type of glaucoma to determine how greatly the angle is embarrassed, may consist of artificial dilatation of the pupil with homatropine, although some physicians do not approve of the use of this drug, and repeated readings of the tonometer, an instrument used to measure the tension of the eyeball. Normally, the tension reading is under 25 mm. of mercury. If pressure is markedly elevated after the test, indicative of an obstruction to the entrance of aqueous humor into the angle, surgical procedures are usually indicated.

The type of surgery will depend on the severity of the case. In early cases peripheral iridotomy, or the incision into the iris to permit fluid to enter into the iris angle, may be advised. In more advanced cases, an iridectomy (removal of part of the iris), or an iridencleisis (stretching of the iris and cutting of the iris border) may afford control. Surgery is recommended for both eyes if there has been an acute attack in

one eye, for most patients with narrow angle glaucoma "who have had an acute attack in one eye eventually have an acute attack in the other."<sup>2</sup>

The open angle type of glaucoma, in which there is no satisfactory explanation of the increase in pressure, follows a more insidious course than the narrow angle type. Here, since there are usually no symptoms other than gradual loss of peripheral vision of which the victim is unaware until it is too late, the only sure method of detection is through measurements of intra-ocular pressure by an experienced ophthalmologist. A "provocative test" may be employed in which a quart of water is drunk on a fasting stomach early in the morning. Tonometer readings,

taken before the drinking of the water and at five 15-minute intervals after ingestion, show that in open angle cases there is an increase in intra-ocular pressure during the test. Often the use of miotic drugs which constrict the pupil will control pressure, but in the event they do not, surgical procedures, designed to provide new pathways for the outlet of fluid, must be resorted to.

With the exception of secondary and congenital glaucoma where the pressure-building factors must usually be treated by surgical methods, miotic agents are considered to be the most useful medical aids in glaucoma. By constricting the pupil and thinning the lens in narrow glaucoma they widen the drainage angle thereby [Continued on page 60]

## Probie



"Now what do I do?"

# Drug Digest



## Di-isopropyl Fluorophosphate

(Miotic)

### PRODUCT NAMES: Floropryl

**PHARMACOLOGY:** Di-isopropyl fluorophosphate, commonly called DFP, was synthesized in 1941 during a study of toxic war gases. Classified as a powerful lethal inhalant, it was later found to resemble neostigmine and physostigmine in its ability to inhibit cholinesterase. In contrast to these drugs, however, DFP completely inactivates the enzyme, thereby providing a longer acetylcholine action. Use of the compound, which reduces intra-ocular tension and produces a constricted pupil, may be indicated in acute congestive glaucoma; in glaucomatous aphakic eyes; in pre-operative control of tension in glaucoma; and in mitigating the effects of atropine on preglaucomatous and glaucomatous eyes.

**DOSAGE:** The dosage of corneal instillations in glaucomatous eyes generally ranges from 1 to 3 drops of a 0.1 per cent solution every 8 to 72 hours. If instillation is made at bedtime, there will be less annoyance from blurring of vision. Floropryl is available as a 0.1 per cent solution in peanut oil for ophthalmic use only.

**UNTOWARD ACTIONS:** Headache and brow pain from ciliary spasm may be noted after dosage, and occasionally there is an increase in intraocular tension. The first may be reduced or eliminated by decreasing dosage. The serious effects of a rise in pressure may be warded off by hourly tonometric examinations after first using the drug. Instillations of 1 or 2 per cent epinephrine at 5-minute intervals may forestall further increase in pressure. Systemic side effects are reported to be quite rare.

### Physostigmine Salicylate U.S.P.

(Miotic)

### PRODUCT NAMES: Marketed under chemical names of physostigmine or eserine

**PHARMACOLOGY:** The alkaloid physostigmine, sometimes called eserine, is obtained from the Calabar bean. Acting as an inhibitor of the enzyme cholinesterase, which destroys acetylcholine, physostigmine prolongs and exaggerates the action of acetylcholine, thereby producing contraction of the pupil, constriction of the bronchi, stimulation of salivary and sweat gland secretions, and increased tonus of intestinal musculature. Classified as a parasympathomimetic agent and miotic, it is employed to: contract the pupil in glaucoma and other ocular conditions; reduce the period of dilation of the pupil after the use of mydriatics; prevent and check postoperative distention and atony of the intestines or bladder. It may also be used as a skeletal muscle stimulant.

**DOSAGE:** In acute glaucoma attacks, topical instillation of a 1.0 per cent solution may be ordered. In chronic conditions, 0.02 per cent solutions may be indicated. A physostigmine disc of gelatin with glycerin may also be applied. Subcutaneous or intramuscular doses of 0.65 mg. to 2.2 mg. are generally given to reduce atony of the bladder or intestines.

**UNTOWARD ACTIONS:** The eye may become irritated if eserine is used regularly, and occasionally there may be nausea and some systemic discomfort following dosage. When it is used following a mydriatic, patients have complained of a "dragging" feeling.



### Carbachol U.S.P.

(Miotic)

**PRODUCT NAMES:** Carcholin (miotic); Doryl (parasympathetic stimulant)

**PHARMACOLOGY:** A potent miotic which reduces intra-ocular tension and effects a loss of accommodation through muscle spasm, carbachol resembles acetylcholine to which it is closely related chemically. In common with certain other choline esters, carbachol produces physiological effects similar to those caused by stimulation of the parasympathetic nervous system. These actions include: slowing of the heart; vasodilation with lowered blood pressure; increased secretion of bronchial mucus, saliva, and sweat; increased peristalsis of the uterus, intestines, and bladder; and contraction of the pupil.

**DOSAGE:** In glaucoma simplex, 1 drop of a 1.5 per cent solution may be instilled at 8- to 12-hour intervals. An ointment consisting of 0.5 Gm. of Carcholin suspended in 33 Gm. of petrolatum may be used twice a day to control tension in glaucoma. Oral or parenteral administration of Carcholin is contra-indicated. Subcutaneous injections or oral tablets of Doryl are indicated in urinary retention and abdominal distention.

**UNTOWARD ACTIONS:** At the first sign of corneal irritation, dosage should be discontinued. The drug should be given cautiously to patients subject to bronchial asthma, and never given in the presence of corneal injury. In all cases, treatment should be under the supervision of the physician. The antidote for overdosage is atropine sulfate parenterally, 0.4 to 0.6 mg., repeated if necessary.

### Pilocarpine Nitrate U.S.P.

(Miotic)

**PRODUCT NAMES:** Marketed under chemical name of pilocarpine

**PHARMACOLOGY:** Pilocarpine nitrate is the nitrate of an alkaloid obtained from plants belonging to the genus *Pilocarpus*. As the physiological antagonist of atropine, it stimulates those nerve endings which are paralyzed by atropine. Because of this action, it causes constriction of the pupil of the eye, sweating, increased intestinal peristalsis, an increase in the flow of saliva, and an increase in gastric secretions. Reported to be a less powerful miotic than physostigmine (eserine), it is frequently employed in glaucoma to reduce intra-ocular pressure. In internal medicine, pilocarpine may be used to produce sweating, to effect salivation in a dry mouth, and to treat generalized pruritis.

**DOSAGE:** In ophthalmology, pilocarpine in its nitrate form is instilled topically as an ointment or a solution in 1.0 to 2.0 per cent strengths. Miosis begins in 10 to 15 minutes after treatment, lasting for 15 to 24 hours. The spasm of accommodation accompanying miosis may last only 2 to 3 hours. In other conditions, the drug may be administered subcutaneously, 3.2 mg. to 6.5 mg. Pilocarpine hydrochloride hypodermic tablets and pilocarpine nitrate powder are available.

**UNTOWARD ACTIONS:** The action of pilocarpine when employed in the eye is said to be less irritating than that of physostigmine. However, some irritation may follow treatment.

## *New high potency penicillin preparations*

Serious infections call for high dosage. To meet this need, E. R. Squibb & Sons has perfected a group of preparations supplying large amounts of procaine penicillin in a small injection volume. High, enduring blood levels assure therapeutic effectiveness.



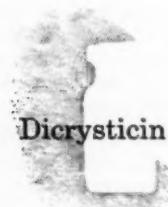
**Crysticillin 600 A.S.**



**Crystifor 800**



**Crystifor 1200**



**Dicrysticin Fortis**

### *New aqueous suspension*

Squibb procaine penicillin G, 600,000 units per 1.2 cc., in aqueous suspension. Ready to inject, stable for 1 year if stored below 15 C. Supplied in 10 dose vials (12 cc., 6,000,000 units).

### *New fortified preparations in high concentration*

Squibb procaine penicillin G, 600,000 units, plus potassium penicillin G, 200,000 units, for aqueous injection. Diluted according to directions, the injection volume per dose is 1.1 cc. Supplied in 1 and 5 dose vials (800,000 and 4,000,000 units).

Squibb procaine penicillin G, 900,000 units, plus potassium penicillin G, 300,000 units, for aqueous injection. Diluted according to directions, the injection volume per dose is 1.75 cc. Supplied in 1 dose vials (1,200,000 units).

### *New antibiotic combination*

Squibb procaine penicillin G, 300,000 units, plus potassium penicillin G, 100,000 units, plus 1 Gm. dihydrostreptomycin sulfate, for aqueous injection. Dicrysticin Fortis is the same as Dicrysticin, but contains twice the amount of dihydrostreptomycin. Supplied in 1 dose vials.

**SQUIBB** A LEADER IN THE RESEARCH AND MANUFACTURE OF PENICILLIN AND STREPTOMYCIN

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## Psychodrama

[Continued from page 42]

factor. The stage itself consists of three circular platforms, one on top of another, and each a little less in diameter than the other. The total effect of this particular set-up produces, in many persons, the desire to participate.

Obviously, such a theater could not be routinely constructed for classroom use, but much can be done with merely a table, one or two chairs, and the semicircular arrangement of seats for the class-audience. It is sometimes helpful to the warming-up process if the student verbally presents the environment. For example, a student was confronted with the problem of a patient who had asked her specifically whether or not he had cancer. Before working it through in the classroom (with an auxiliary-ego taking the part of the patient), she described the patient's room, explained that the patient was sitting up in a chair while she made his bed, and even mentioned pictures of the patient's family which were on the dresser. This imaginary scene aroused the interest of the class, and they participated much more actively than they had in previous sessions when no environmental description had been presented.

As with group therapy and group methods of teaching, the limitations lie within the preparation of the instructor for the use of this technique with student nurses. Those who intend to use psychodrama should

know something about its underlying principles, and should have had some experience in assuming the director or auxiliary-ego roles. Equally as important, the students should be properly oriented to psychodramatic methods, not as a "recreational hour," but as a learning technique.

### ROLE-PLAYING

Role-playing, as previously mentioned, is a close ally of psychodrama, and is another effective teaching device. "A new name should be found for role-playing itself. No stage should be used; instead, working out the problems should take place in the group which is seated in a semicircle . . . In order to minimize further the feeling that they are on the spot, the participants should, whenever possible, remain at their seats."<sup>3</sup> With role-playing, acting or "pre-structuring" the group *as such*, is to be avoided. Rather the aim is toward a warm, natural response to an acceptable role.

We recently gave a demonstration of role-playing for the nursing and educational directors of the schools affiliated with our hospital. Before the actual date of the meeting, a group was selected from among the students to participate in the demonstration. A practice session was held, and two "pre-structured" situations were presented. Student "kibitzers" had been invited to watch the demonstration and offer comments. Because of the *planned* nature of the role-playing it was quite dull, ineffectual, and unreal. The student audience became more and more

restless. Finally the director asked if there were volunteers among the audience who felt that they could show the participants how it should be done. Seven students came forward and gave a most convincing demonstration of two new students meeting, for the first time, five disturbed and overactive patients. It pointed out, very effectively, the disadvantages of pre-structuring and planning a session which should be spontaneous. The latter group of students were so anxious to show how it *should* be done that they had already transformed themselves into "nurses" and "patients."

The unplanned aspect of role-playing is often disturbing to more formal groups, whereas informal groups tend to generalize roles into definite types. Role-playing usually takes less time than psychodrama, and is somewhat simplified by the lack of action. For these reasons, it is preferred by more adult groups such as a nursing school faculty.

During a recent class, a difficult student-faculty relationship was being discussed. Tension was considerably eased when the group suggested role-playing and a reversal of roles. Some members are unable to participate at this reversal level, because they do not have empathy with the role they are asked to acquire. (For example, a hospital superintendent would probably be unable to take the role of a nurse's aide.)

Although closely allied, role-playing and psychodrama are not one and the same thing. Psychodramatic sessions are usually under the sur-

veillance and guidance of a competent director who may be a subtle or dynamic prompter, encouraging participants to move about, to "emote," or to lie down and go to sleep if this is necessary in a problem situation. With role-playing, a brief preliminary description of the objectives of the participants is given, and then the verbal interaction is launched, and further discussion is not often necessary. As mentioned before, the environment is different, there being neither stage nor specific action in role-playing. Discussion and analysis are common to both techniques and both have been successfully used in the teaching-learning situation.

Finally, resistance, in various forms, should be mentioned. Fear of these unfamiliar methods of teaching is common among students—the fear of failure before the group, inadequacy, and of the actually portrayed situation—"Is this what patients are like?" Embarrassment and inappropriate laughter are the by-products of this fear, and implement the resistance.

Orientation to either method should be carefully and slowly done. It should include demonstration by the instructors in which they, too, must be capable of spontaneity, without, necessarily, loss of dignity.

<sup>1</sup>Nathan Kline and Albert Dreyfuss, "Group Psychotherapy in Veterans Administration Hospitals," *American Journal of Psychiatry*, April, 1948, pp. 618-622.

<sup>2</sup>Frances Herrliott, "Some Uses of Psychodrama at St. Elizabeths Hospital," *Group Therapy: A Symposium* (New York: Beacon House, 1945), pp. 294-295.

<sup>3</sup>Bruce F. Young and Morris Rosenberg, "Role Playing as a Participation Technique," *Journal of Social Issues*, Winter, 1949, pp. 42-45.



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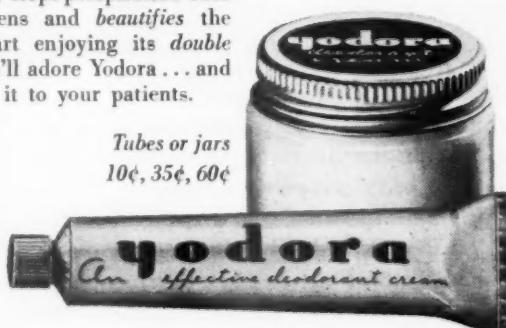
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Tubes or jars  
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## Glaucoma

[Continued from page 53]

allowing the aqueous humor to pass into the canal of Schlemm. In open angle glaucoma, where there is no obstruction to the passage of fluid, they also lower the pressure by some as yet undetermined mechanism. The miotic drugs discussed in *Drug Digest* page 54—carbachol, di-isopropyl fluorophosphate (DFP), pilocarpine nitrate, physostigmine—are all used in the treatment of glaucoma, the choice of drug depending on the judgment of the attending physician and the response of the individual patient. Since the greatest pressure occurs in the early morning, patients are often told to instill drops at dinner time, bedtime, and in the morning upon awakening. Other drugs employed in glaucoma include Furmethide, a parasympathomimetic agent and miotic; Dibenamine which exhibits a sympatholytic action; and Cortone Acetate which has been employed topically to control secondary glaucoma arising from anterior uveal inflammation. Morphine, which produces miosis, is used to relieve pain, and an I.V. injection of 100 cc. of 50 per cent glucose may also help to reduce intra-ocular tension. During an acute attack, dilute solutions of miotics are instilled in the normal eye as a precautionary measure.

Although the mode of treatment will be determined by the physician in charge, there are certain nursing procedures which are frequently employed in caring for a glaucomatous

patient. The most important, of course, is the instillation of miotic drops. The nurse should be especially careful to check the name and strength of the medication, and the proper eye to be treated before she instills the sterile drops. The correct method is to instill them while the patient reclines in a chair or bed with his head back and his chin tilted up. The lower lid is pulled down and the patient looks up while the drug is dropped into the outer side of the lower fornix of the conjunctival sac. Some hold the dropper parallel with the eyebrows about one inch away; others prefer to hold it in a perpendicular position because of the danger of contaminating the dropper by touching the eyelashes. The drops should never be allowed to fall on the skin. Extra caution should be observed if the second eye is to be treated with a mydriatic, for atropine introduced into a glaucomatous eye may cause irreparable damage. If drops are ordered with hot compresses they should usually be instilled before treatment as heat hastens their absorption. In acute attacks of glaucoma, ice packs are often used to help reduce pain and congestion.

After a trephining operation where a small piece is removed from the corneoscleral margin, some surgeons may order massage to the eyeball for the purpose of inducing drainage through the trephine hole. In this procedure, the patient looks down and the tips of the two first fingers are placed on the upper lid. Then the eyeball is pressed ever so gently

for each, according to her need

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Twin sons of Mr. and  
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Twin air valves prevent collapse

(1) The patented air valves in the Evenflo Nipple relieve the vacuum so that babies do not have to struggle for food or become exhausted before finishing their bottle.

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with the tips of alternate fingers.

It cannot be stressed enough that the eye is one of the body's most delicate structures, and as such should be treated with the utmost respect both by nurses and by the patient who may be instructed to conduct his own treatment at home. Observation of the effects of medication and careful recording of signs and symptoms are two points of prime importance.

The challenge to the medical profession for more accurate diagnoses of glaucoma, and the equally strong challenge to nurses to bring suspected cases within the protective fold of medical treatment should not be overlooked in the more widespread publicity surrounding other diseases. Already mass surveys have

been conducted in industrial plants where it has been found that the incidence of undiscovered glaucoma in the age group of 40-65 years is 1.53 per cent. Many authorities urge that "the practice of routine tonometry on all persons past the age of 40 is the easiest and most accessible method for uncovering large numbers of cases of glaucoma without burdensome equipment or difficult studies."<sup>3</sup>

Certainly, no one will argue with these attempts on the part of ophthalmologists to check a disease which is capable of destroying the vision of so many people in their still productive years.

<sup>1</sup>*Postgraduate Medicine*, February, 1950, p. 95.

<sup>2</sup>*Ibid*, p. 97.

<sup>3</sup>*Journal of the American Medical Association*, November 17, 1951, p. 1128.

#### RULES FOR GLAUCOMA PATIENTS\*

1. Carefully follow your eye physician's instructions and remember especially to return for re-examination at the appointed time.
2. Consult him at once if you see rainbow-colored halos around lights, if the eye becomes painful, or the vision is blurred, or sight impaired in any way at all.
3. Avoid as much as possible excitement, anger, worry, fear or disappointment.
4. Take care that bowel movements are regular.
5. Avoid tight-fitting clothes—a tight collar, corset, or belt.
6. Keep your blood circulation active. If occupation compels you to sit the entire day, take a long but not too tiring walk before and after work.
7. Keep your teeth clean and healthy; pay attention to acute or chronic colds.
8. Limit drinking coffee and tea (not too strong) to one cup a day. Avoid alcoholic drinks.
9. Keep bedroom well ventilated and at a moderate temperature; around 70 degrees (Fahrenheit).
10. Avoid dark rooms as much as possible. Go to the movies only if your eye physician permits. Remain at the movies for only one feature, and, if possible, choose subjects that are not depressing or upsetting for you.
11. Do not use any drops or eye washes without consulting your eye physician. They may be harmful.
12. Have a periodic (yearly) examination of your entire body by your family physician.

\*This set of rules has been approved by the Committee on Glaucoma of the National Society for the Prevention of Blindness, for use with individual patients on the recommendation of their physicians.

Recommended By Many Leading  
**BABY DOCTORS**  
to relieve distress of  
**CHEST COLDS**



**Breaks Up Congestion in  
Nose, Throat and Upper  
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A number of baby doctors today are recommending Musterole for kiddies to promptly relieve coughs, sore throat and break up painful local congestion of chest colds.

Musterole contains powerful pain-relieving oil of mustard, camphorated oil, menthol and methyl salicylate—all in a white, stainless rub which acts just like a poultice to relieve the inflammation. It creates a wonderful sensation of protective warmth on chest, throat and back—bringing amazing relief! Just rub it on!

In 3 strengths: Children's Mild, Regular and Extra Strong Musterole for adults.

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**Mrs. Camp**  
[Continued from page 39]

rather serious indictment that modern maligners bring against Mrs. Camp is that she was unkind, that she mistreated her patients. This is a calumny on that big-hearted soul. It was Betsy Prig, Mrs. Camp's colleague, whose practice savored of roughness and unkindness. "Mrs. Camp herself was rough and not cruel in that firmness which a practical nurse often has to apply, and her solicitude for the welfare of Merry Chuzzlewit at the departure of the Antwerp packet sprang from true womanly kindness."

Even today, our highly-trained and well-educated nurses have to be firm and steady with patients on occasion. Sometimes the things the nurses insist upon seem hard and cruel, but they only *seem* so, since they are intended for, and performed for, the best interests of the patients, though the patients may not think so at the time. This, it seems to me, is the only type of hardness or firmness that Mrs. Camp can be guilty of. Her sense of duty was strong, but had anyone tried it, I believe he could have appealed to her soft heart, and having struck the right chord, could have had her in tears in no time at all.

I believe that Mrs. Camp was perfectly sincere in the feelings of tenderness and kindness she felt for her patients. She *had* to work because she had to earn money to live, but she would just as soon have given her services for nothing: "Mrs.

**"MOST EFFECTIVE  
...AND PATIENTS  
DON'T OBJECT"**



**EASIER-TO-APPLY**

**A-200 PYRINATE LIQUID**

**KILLS HEAD, CRAB, BODY LICE,  
AND THEIR EGGS...ON CONTACT!**

**A NURSE SAYS:** "I highly recommend A-200 whenever I find pediculosis in my work as school nurse. It is most effective, and the children don't object because it isn't irritating and has no offensive odor."

Teachers and nurses everywhere write us unsolicited letters similar to the above.

A-200 has won quick and general acceptance by the profession wherever it has been introduced.

A-200 Pyrinate Liquid is easy to use, no greasy salve to stain clothing, quickly applied, easily removed, non-poisonous...one application is usually sufficient. The active ingredients of A-200 are Pyrethrum extract activated with Sesamin, Dinitroanisole and Olearesin of Parsley fruit, in a detergent-water-soluble base. The pyrethrins are well-known insecticides and Anisole is a well-known ovicide, almost instantly lethal to lice and their eggs, but harmless to man.



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In an elastic bandage, stretch tells only part of the story. Pressure and supportive therapy in varicose veins, phlebitis, strains, sprains, and athletic injuries require easy elasticity in a bandage to facilitate its application plus adequate body to provide firm support.

The ACE No. 8 Rubber Elastic Bandage is a balanced weave of precisely the right proportions of rubber for elasticity and cotton for body and durability...proportions which have been determined through years of clinical experience since B-D first introduced ACE Elastic Bandages.

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## **ACE No. 8** **rubber-elastic bandage**

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Harris . . . don't name the charge, for if I could afford to lay all my fellow creatures out for nothink, I would gladly do it; sich is the love I bear 'em."

"Later on she makes this observation: "Our charges is but low . . . considerin' the nater of our painful dooty. If they was made accordin' to our wishes they would be easy paid."

In speaking of worrying over other people and their troubles, Mrs. Gamp says, "Worrit myself!" (Raising her hands and turning up her eyes.) "You speak the truth in that, sir . . . I feels the sufferins of other people more than I feels my own, though no one mayn't suppose it."

I think all of us will agree that one of the finest qualities a nurse can possess is a sense of humor. In fact, in some cases and in some situations, a first-rate nurse would be lost without her sense of humor! If she can be witty without being crass and smart-alecky, and can hold up her end of a conversation, the chances are she will be highly regarded not only by her superiors and colleagues but by her patients also.

I can think of few characters in fiction that equal Mrs. Gamp in these respects. Certainly she had a sense of humor, and she was more than glad to carry on a conversation, if only with herself. She was free of any trace of self-pity, and her wit and wisdom, however uncouth in expression to our modern ears, was sprinkled with good sense and sane observations on life, living, and on people and their foibles.

For instance, she observes: Dy-

ing is "as certain as being born, except that we can't make our calculations as exact." Addressing one of her patients who is muttering nonsense, Mrs. Gamp goes into a good natured tirade that is humorous and at the same time is not devoid of wisdom. "You're a wearing old soul, and that's the sacred truth," said Mrs. Gamp, contemplating him from a little distance with anything but favor, as he continued to mutter to himself. "It's a pity that you don't know wot you say, for you'd tire your own patience out if you did, and fret yourself into a happy re-leage for all as knows you."

Her humor is predominantly the result of a device used by many story tellers and dramatists known as malapropism. The expression comes from the name Mrs. Malaprop given to a character in Sheridan's play *The Rivals* who was noted for her blunders in the use of words. Mrs. Gamp is given to malapropisms all through the book. For example, at one point she denies an accusation strongly by saying, "I don't. Don't think I do. The tortars of the Imposition shouldn't make me own I did."

As one writer has pointed out, "voluminous indeed are the descriptions of the qualifications of a good nurse, but there is one simple final test. Those who study the clinical material of the Lewsome case will admit that, as the doctor said at the time, it was one in which nursing and nursing alone mattered. In that case Sairey Gamp passed the supreme test of efficiency and skill—*her patient recovered.*"

*Rabbit eye tests prove*  
**Zonite's absolute safety  
to body tissues  
in Feminine Hygiene**



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FOR THE DOUCHE OF ALL THOSE TESTED  
IS SO POWERFUL YET SO SAFE TO TISSUES...**

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**Candid Comments**  
[Continued from page 35]

I have never met a single one, returned from such work, who didn't believe her people were among the kindest, most generous, and most eager to learn folks on earth. The very nature of nursing gives us access to the true nature of people. We come to know that, aside from superficial differences in cultures and customs, there is no variation in man's basic needs—oxygen, food, clothing, shelter, friendship, love, and man's right to be himself. We come to know that the average person in any language has many more fine impulses than evil—that he wants good for others as much as he wants it for himself.

We can help today's world not only with our skills but with our knowledge of people. Great yearnings are arising among the races who for generations have known only chronic poverty and debt, chronic illness and hunger, a high degree of illiteracy, and a lack of hope for any change. But a change has come. Some of these people have had glimpses of the magic of malaria control in a world that has 3 million annual malarial deaths. They've seen that the hideous yaws does succumb to penicillin. They've seen tractors perform miracles in food production in valleys once plowed by human horses.

These people now have hope! They yearn not only for freedom from disease and hunger, but for the ability to read and write and to gov-

October R.N. 1952



**Registered Nurse** says, "Constant scrubbings don't leave my hands looking red and ugly. I use Noxzema throughout the day to help keep them looking soft and white!"

# Hands that work

## look lovelier in 24 hours\* or your money back!

**Nurses! Here's a hand cream to help working hands look smoother**

**—feel more comfortable!**

- If your hands are red, rough and chapped from the endless chores that damage a nurse's hands, try Noxzema's two-way *medicated* care!

**Helps heal—helps beautify!** Noxzema is especially made to help sore, chapped, unattractive working hands look lovelier these two important ways:

**1. Helps heal** tiny cuts and cracks in the skin with its unique *medicated* formula!

**2. Helps hands** feel softer—look smoother and whiter—supplies a light film of oil-and-moisture to the skin's outer surface!

And Noxzema is *greaseless*, too! Never sticky. Apply faithfully each night, and always rub in a little *medicated* Noxzema after having hands in water or

performing duties that are hard on your hands.

\*In clinical tests, supervised by doctors, Noxzema helped the hands of 9 out of 10 women look lovelier—often within 24 hours! Try it on your hands!

**Money-Back Offer!** No matter what hand care you use now, try soothing, *medicated* Noxzema on your hands tonight. If you don't see definite improvement—in 24 hours—return jar to Noxzema, Baltimore—your money back. Get *greaseless*, *medicated* Noxzema today. Stock up now while Noxzema's money-saving offer lasts!

**43% MORE  
NOXZEMA  
FOR YOUR MONEY** than in small size

**85¢ jar only 59¢ plus tax**

Limited time—at drug or cosmetic counters.



## Babee-Tenda \*

Yes, here's safe protection against danger of high chair falls. This low-balanced Safety Chair has a wide surrounding table area that makes it doubly useful for feeding and play. ExTenda Legs raise with simple push-button to table level. Seat adjusts to Baby's size. Adjustable back and footrest give helpful posture.



Many pediatricians have Babee-Tendas in their offices, for convenient handling of restless young patients! It's used in many children's wards of hospitals, in children's homes and by millions of busy mothers. Not sold in stores or supply houses, only by authorized Babee-Tenda agencies. See your phone book or mail coupon for full details.

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Please send illustrated literature on:

Reg. Model    Cerebral Palsy Model

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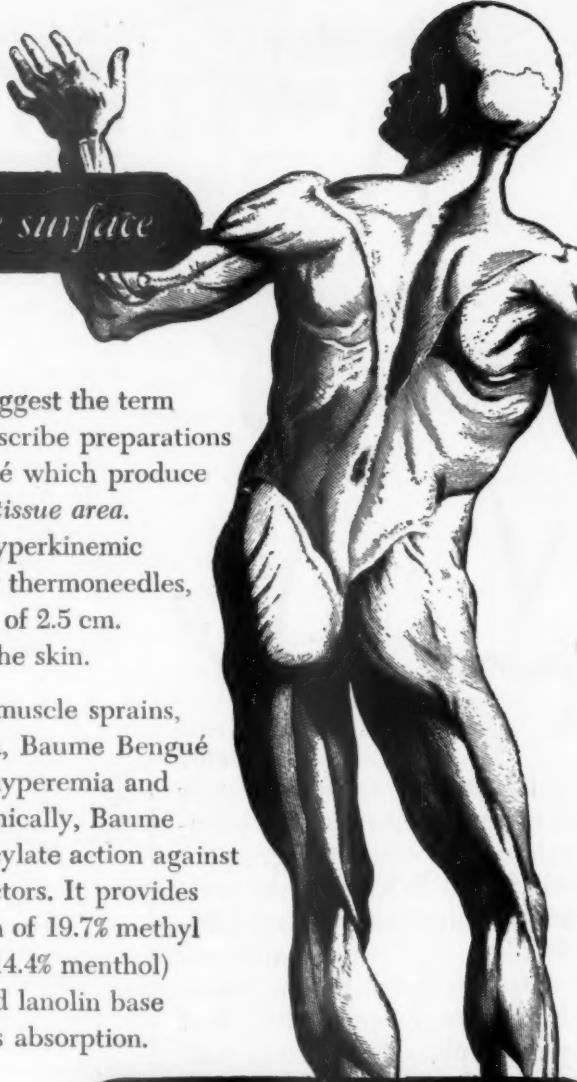
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In Canada: 686 Bathurst St., Toronto  
\*T. M. Reg. U. S. Pat. Off. & foreign countries

ern themselves. The total problem is so enormous that so far the combined work of UNESCO, WHO, of our own Point Four program, and of church and kindred groups, has only made a dent, but a dent so promising that it casts a great white light in a world darkened by the hates and greeds of dictators. "My guess is," writes historian Toynbee, "that our age will be remembered chiefly neither for its horrifying crimes nor its astonishing inventions, but for its having been the first age since the dawn of civilization . . . in which people dared to think it practicable to make the benefits of civilization available for the whole human race."

Whether or not we realize it, we nurses have a deep faith in the dignity and value of the average man. The basis of our service is not race or creed, but only human need. I think that is why Annie Goodrich calls nursing "international."

A standard satchel to be used by midwives in Asia and Latin America is being provided by the UN International Children's Emergency Fund. Packed with items that cannot be obtained in rural areas, the bag is a 15- to 16-pound canvas knapsack made of two detachable parts. Its contents, which were selected by WHO obstetricians, nurses and midwives, consist in part of a plastic blower with DDT powder, an hourglass to be used in lieu of a watch, a flashlight, silver nitrate, capsules for malaria, sleeping tablets, syringes, baby scales, and various other essential items.



*Beneath the surface*

Lange and Weiner<sup>1</sup> suggest the term "hyperkinematics" to describe preparations such as Baume Bengué which produce blood flow *through a tissue area*. They point out that hyperkinemic effect, as measured by thermoneedles, may extend to a depth of 2.5 cm. below the surface of the skin.

In arthritis, myositis, muscle sprains, bursitis and arthralgia, Baume Bengué induces deep, active hyperemia and local analgesia. Systemically, Baume Bengué promotes salicylate action against underlying disease factors. It provides the high concentration of 19.7% methyl salicylate (as well as 14.4% menthol) in a specially prepared lanolin base to foster percutaneous absorption.

I. Lange, K., and Weiner, D.: J.  
*Invest. Dermat.* 12:263 (May) 1949.

**Baume Bengué**

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Patients who just can't resist rich foods that cause them severe stomach upset will find grateful relief with BiSoDol—the fast-acting, dependable antacid. BiSoDol acts immediately to neutralize excess gastric juices that cause hyper acidity. And it is so pleasant tasting, well tolerated with no side effects. Why not recommend BiSoDol to your patients suffering from acid indigestion.

**BiSoDol®**  
tablets or powder

WHITEHALL PHARMACAL COMPANY  
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## Not Alone

[Continued from page 35]

session was a move to reconsider. The president called for another standing vote and ruled the motion carried. It is interesting to note, however, that the usual procedure in a case of close vote is to ask for a division of the house. At no time during the convention did either the president or the parliamentarian consider the matter before the House of Delegates in this manner.

We note also that most members of the ANA responsible for the structure plans are well-prepared in psychology and public relations work. Yet in dealing with a controversial issue with professional registered nurse members of the ANA they revert to high pressure methods frowned on in political circles.

Many states have already refused to go along with the above action. Time alone will prove whether these states will withdraw from the ANA."

from the *Ohio Nurses Review* by  
Mrs. Elizabeth P. August, R.N.

"The business of the House of Delegates was intensive and lively and many times confusing with the amendments to the amendments. Not infrequently it was necessary to ask one's neighbor on what we were voting. However, with all the debate and differences of opinion one was conscious of the deep sense of unity prevailing throughout."

from *Professional Flashes*,  
published by the Rhode Island  
State Nurses Association, by  
Grace W. Kraft, R.N.

October R.N. 1952

THE  
**PROTOPECTINS...**  
*and their valuable influence  
on Intestinal Tract Physiology*

Protopectins, the native form in which pectin exists in certain fruits, can produce many favorable changes in the functional activity of the intestinal tract. These complex carbohydrates readily undergo conversion to pectin in the stomach. After passing into the intestine, the pectin enhances many physiologic mechanisms through its colloidal, chemical, and antibacterial properties.

Daily ingestion of sufficient protopectins can lead to many physiologic benefits. An orange a day is a pleasant, generous source of these substances. In California oranges, protopectins are found in the juice sac walls, the fibrovascular bundles, and the segmental walls; the juice contains comparatively little.

*A Better Intestinal Environment*

Because of their organic acid content, pectins tend to lower intestinal pH. Thus they favor the suppression of the growth of intestinal pathogens, i.e., they exert a bacteriostatic effect and encourage proliferation of normal intestinal inhabitants. The colloidal pectinous mass is soothing and demulcent in action, physically adsorbing intestinal toxins, thus proving valuable in the prevention of both diarrhea and constipation.

*Improved Nutrient Absorption*

Daily intake of protopectin encourages better absorption of essential nutrients. This action is accomplished through a lowering of pH of the intestinal contents, a factor upon which absorption of many nutrients is to a large extent dependent. In the case of calcium, iron, and certain vitamins, this mechanism particularly comes into play. Thus by favoring optimal acidity of the intestinal contents and by exerting a protective action on the intestinal wall, pectin enables the organism to make better use of many non-caloric nutrients, such as vitamins and minerals, without leading to weight gain.

Sunkist Growers • Los Angeles, Calif.



*A practical, healthful source of protopectins*

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*California Oranges*

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**SURGICAL USES:  
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Adopted as standard procedure by surgeons, as preferred matériel by nurses, these superior dressings are used as wound coverings and packings, as plugs and drains—as well as being the most widely-used definitive dressing for burns and abrasions.

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**Why Nursing?**  
[Continued from page 32]

job to be done is already well organized, where he is told what to do, and where he doesn't have to use initiative.

This is important. Don't make the mistake of deciding what impulses a person is acting on by the work he does. A person's work does have a specific meaning for his unconscious mind, and this meaning will move him to that work. However, the same work has a different meaning for each person. Different individuals may go into the same occupation and be acting on different feelings. Many people go into their occupations or professions because of healthy and appropriate feelings rather than aggressive or dependent ones. Henry Taylor becomes a lawyer so that he can vicariously attack society by defending criminals, or by exploiting loopholes in law. Bill Harris goes into law to fight injustice and to help make laws more democratic. Jim Miller, because he is dependent upon his mother to make his decisions, enters law. And his mother chooses law because she feels insecure, thinks that lawyers make a lot of money, and feels that money brings security.

Feelings of guilt also may move one into a particular kind of work. One may feel unworthy of being loved and feel compelled to atone for real or imagined sins. This is acted out through suffering, self-humiliation, self-denial, or serving others. Some become servants, or



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to cure"

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with the exception of a few extreme instances are  
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When a vitamin deficiency state exists—as may  
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Vitamin B <sub>6</sub> (pyridoxine) hydrochloride . . . . .	2 mg.
Vitamin B <sub>12</sub> (cyanocobalamin) . . . . .	5 mcgm.
Folic acid . . . . .	1 mg.
Calcium pantothenate . . . . .	10 mg.
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One or two capsules of PLURAXIN daily usually suffice

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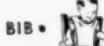
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The No-Folding diaper that absorbs like a sponge—fits all age babies—saves time, work, space for mother.

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It cost us more to make this offer than the 25c we ask, therefore just one sample per person, please

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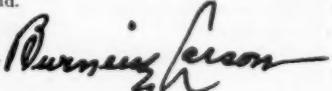
#### TO FIND A POSITION

To the R.N. confronted with the problem of finding a position, Burneice Larson, founder of the counseling service for the physician, offers the services of The Medical Bureau.

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Opportunities in all parts of America, including countries outside continental United States—with physicians in private practice, clinics, universities, public health agencies, industry, and hospitals.

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missionaries; others become social workers, or nurses. Let's stop here to emphasize that many enter these humanitarian professions, not because of psychological quirks, but through their deep love for people and their feelings of warmth. Nurses so motivated achieve their primary satisfaction in performing constructive action. Because of their superior interpersonal relationships, the performance of these nurses results in a better and more satisfying response in their patients.

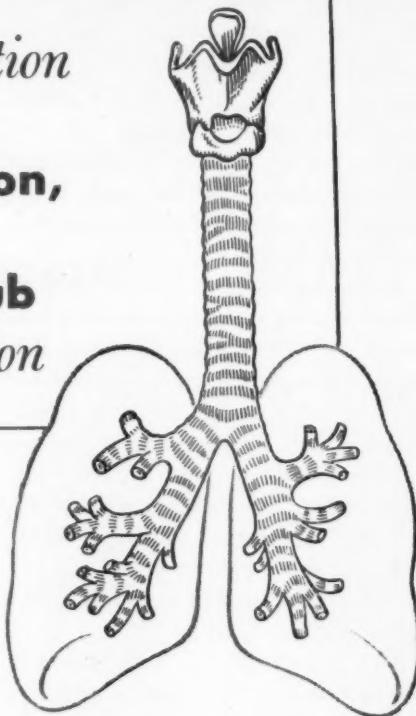
The nurse works mainly with her hands rather than with words or ideas, and thinks more about concrete specific situations rather than intellectual abstractions. Nurses would tend to feel more adequate where manual skill and specific knowledge are demanded than in situations requiring abstract reasoning. Nursing is organized along authoritarian lines; even the clothing is uniform. This, to a psychologist, represents a need for structure, and further points to a preference for working in situations where the individual can apply procedures that are well organized rather than having to do original research. Of course, the work entails continuously varying situations and responsibility for professional decisions. Because of the authoritarian structure of nursing, nurses tend to be dependent on others to run their lives, and to make the rules for them.

But what might nursing mean to many nurses? Nursing involves serving others. It entails hard work, unpleasant tasks, and the fulfillment of

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When cold-stuffed upper breathing passages, croupy night coughs, upper bronchial congestion or coughing spasms occur, often your first thought is steam therapy.

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We will be pleased to send you a supply of samples for distribution to your patients.

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the patient's needs. For some, this serving of others may be an expression of guilt feelings, a need for atonement. Expressing it another way, nursing may represent a means of counteracting feelings of unworthiness by serving others to become worthwhile in their eyes. What passes for a sense of duty is often a feeling of guilt.

Some nurses may feel a need to dominate. In relationships with patients, they might be expressing this need, since patients are dependent. On the other hand, a nurse might feel insecure in her ordinary social relations with people because she feels inadequate to cope with them, and therefore can't control them. She feels more comfortable with patients because there she has command of the situation.

The preoccupation with sickness which nursing involves may also stem from anxiety about one's own body functioning. The hypochondriac is constantly concerned about his many illnesses. The nurse may express this same kind of unconscious feeling in her care of patients.

The nurse is not aware of these

feelings for they are in the unconscious mind. When they appear in the conscious mind they are disguised as acceptable thoughts, which to the nurse become reasons for his or her behavior. Any or all of these feelings may be present in varying combinations in a person, and expressed in work as well as in the social relationships in which he or she engages.

The nursing profession, over the past several years, has embarked on an accelerated recruitment program, using mass appeal techniques and media. Train more and more nurses as rapidly as possible is the prevailing philosophy. This situation makes it extremely urgent to probe the deeper impulses behind the choice of nursing as a career. This is even more significant than the academic record of the applicant. Personnel engaged in the selection of student nurses should be encouraged to explore the candidates' pattern of feelings toward nursing. Establish whether it is for healthy reasons that they answer the recruitment poster, or do they bring to nursing feelings of aggression, guilt, or dependency?



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October R.N. 1952

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Beautifully styled to give you that slim, trim look on duty. Dropped shoulder yoke, zippered front, adjustable matching belt and rolled lapel pockets with concealed compartments highlight this new model.

Sizes: 10 to 20—long & short sleeves.

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An easy-to-slip-into coat style with a fashion-flattering . . . full flair skirt. Rolled shawl collar, turn-up sleeve cuffs and slash pockets with concealed compartments add greater freedom and smartness to your professional life.

Sizes: 10 to 20; 38 & 40—long & short sleeves.

D'Armigene Professionals . . . a new concept in professional apparel blends fashion with the professional look, in beautiful poplin and nylon.

D'Armigene's action sleeve,\* in all models, reaches free-as-a-breeze, doesn't strain or pull up at waist. Versatile two-way cuffs can be worn wrist or elbow length. \*Patent applied for.

*Not illustrated:* Wraplet, youthfully styled backwrap. Maternity—for nurses awaiting a "blessed event."

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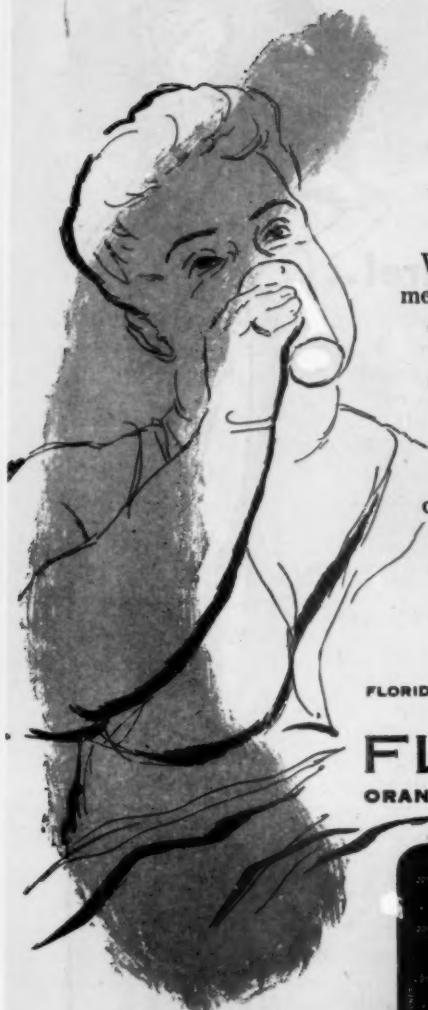
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When taken about half an hour before meals, orange or grapefruit juice is highly effective in helping overweight patients to adhere to their reducing regimens. Citrus has "very definite advantages" \* as an appetite appeaser. It helps to reduce the demand for high caloric foods, and supplies readily utilizable carbohydrates to combat hypoglycemia. It is economically available in homes or restaurants. And, of no small consideration, most everyone likes orange or grapefruit juice.

\* Postgrad. Med. 9:106, 1951.

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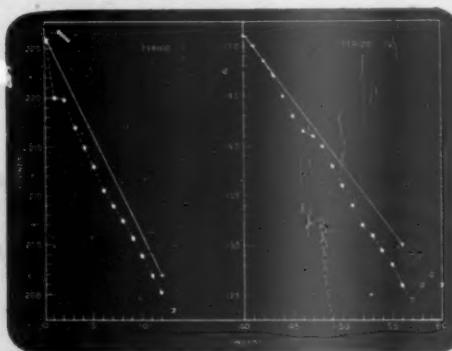


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## News

[Continued from page 49]

employment as a nurse at University Hospitals—free tuition for one three-hour course; two years' service—free tuition for one full semester program of 15 hours; three years' service—free tuition for two full semesters of 15 hours each. Tuition will be paid by University Hospitals. Students are also offered full use of the hospital's dormitory facilities, essentially at cost, in return for eight days' work a month at \$1.40 an hour. Undergraduate students may receive free-tuition and maintenance for the 32-month basic program if they agree to work for one year following graduation at the prevailing salary rates. Minimum entrance requirements of the School of Nursing include two years of college work with laboratory courses in chemistry and biology.

► **CAPITOL COPY:** Facts and opinions presented earlier in the year to the President's Commission on Health Needs of the Nation were summarized at a two-day meeting of the Commission. Thousands more doctors, dentists, nurses, and medical assistants are needed. Mrs. Lilian Patterson, Dean, University of Washington School of Nursing, stated that the output of both registered and practical nurses has fallen far below national requirements. The growth of Blue Cross and Blue Shield was lauded by Dr. A. J. J. Rourke, president of the American Hospital Association. He pointed out, however, that there is a result-

ant dearth of clinical material in teaching hospitals because too few indigent patients are now being admitted. An estimated cost to the American people of \$12.5 billion for medical care in 1951 was reported to the Commission; the government paid 25 per cent of this amount. The Commission will discuss the financing of medical care at its meeting October 7-9 . . . The National Research Council plans to appoint a special committee to study the use of gamma globulin in poliomyelitis . . . As of June 1951, the consumer price index for all health services and drugs combined has risen to 164.1, the Bureau of Labor Statistics reports. Based on the 1935-39 index of 100, this represents an all-time high compared with 160.9 in March, 1952 and an average of 155.0 in 1951. The largest jump has been in hospital rates; present index 287.5. Increases in physicians' and dentists' fees have been slight.

► **"JANIE'S DECISION,"** a new recruitment device released by the Committee on Careers in Nursing, is a four-page comic book designed to stimulate interest in nursing among junior high and first-year senior high school students. Publication of the book was made possible by a special grant from the National Foundation for Infantile Paralysis. Single copies of *Janie's Decision* will be sent free of charge to prospective student nurses, counselors, teachers, and others upon request to the Committee on Careers in Nursing, 2 Park Avenue, New York 16, N.Y.

(An educational advertisement of interest to all women)

# THERE'S A *New Freedom* FOR WOMEN

by OLIVE CRENNING, Nursing Consultant

Doctor-invented method offers greater comfort and assurance during menstruation.

Until a few years ago, it was necessary for a woman to be hampered by uncomfortable, bulky sanitary protection. Her activities such as swimming and bathing had to be limited during several days of the month. Then a doctor invented a modern, internal form of sanitary protection known as tampons. Now, tampons offer women greater comfort and peace of mind during those trying days.

A recent national survey of 900 leading gynecologists and obstetricians indicates that medical specialists overwhelmingly find tampons safe for normal women. Tampons are regularly used by thousands of registered nurses.

Tampons completely eliminate the need for sanitary belts, because they are worn internally. There is no possibility of odor which forms only on contact with air. Bothersome chafing and uncomfortable bulk are eliminated. The woman who uses tampons can take part in active sport . . . swim, bathe, and shower in perfect safety (provided the water is not too cold).

For the young, unmarried girl, tampons offer the same reassuring, safe protection. Medical literature shows that no change in physical structure is involved when a single girl wears tampons. College girls, with a knowledge of anatomy and biology, form one of the largest groups of tampon users. They find that the comfort and freedom from embarrassment materially eases the problems of menstruation.

Better tampons, like Meds, are made of soft, amazingly absorbent surgical cotton. They are quicker and easier to use because each has its own specially designed applicator. There is no other tampon like Meds. To meet individual needs, Meds come in Junior, Regular and Super absorbency sizes.

You, too, will be enthusiastic about the comfort and convenience of Meds tampons. For a free sample of Meds in plain wrapper, write Miss Olive Crenning, nursing consultant, Personal Products Corp., Dept. RN-10, Milltown, N. J. (One package to a family, U. S. only.)

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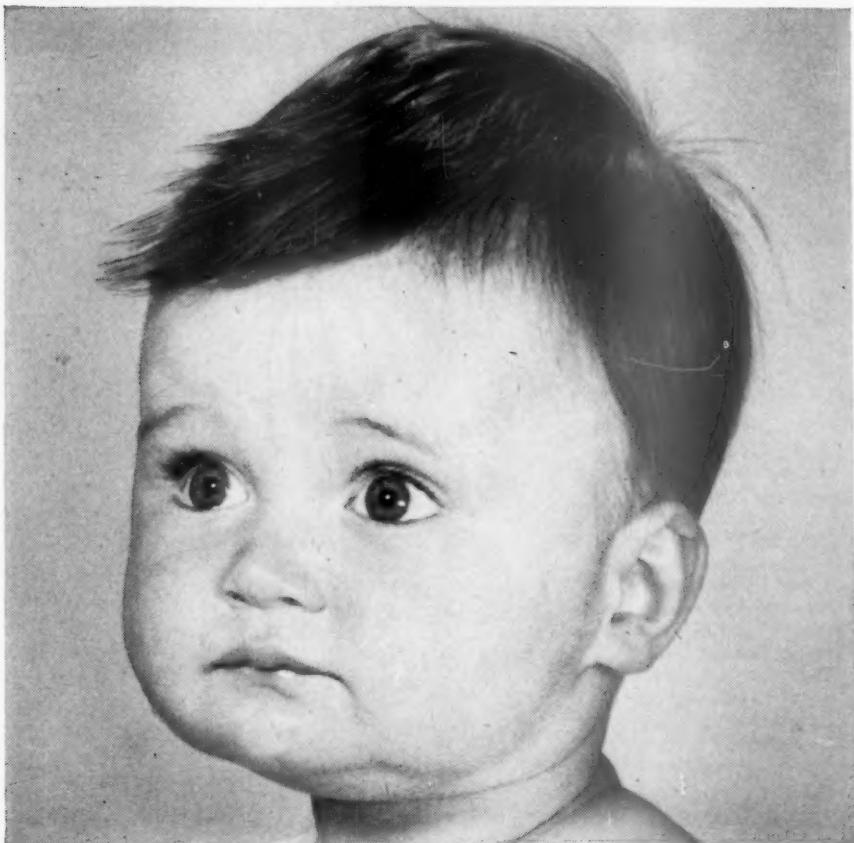
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# Positions Available

**ADMINISTRATORS:** (a) New hosp., gen'l, 50 beds, small town near Chgo. \$5000, mtce. (b) Ass't adm., orthop. hosp. average census 95, E. (c) Gen'l hosp. 60 beds, Texas. (d) Ass't supt., small hosp. Calif. RN10-1 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

**ANESTHETIST:** 88 bed Medical Center. Rotate call with one other Anesthetist. Salary range \$4080 to \$5304 yearly, 40 hr. week. U.S. Citizen only. Apply Personnel, Los Alamos Medical Center, Los Alamos, N.M.

**ANESTHETIST:** Registered Nurse Anesthetist. Starting salary \$330. Automatic increases to \$360. Two meals and laundry provided. 40 hr. week. No obstetrics. Liberal vacation and personnel policy. Sutter Hospital, Sacramento, Calif.

**ANESTHETISTS:** (a) Three, to work with grp of med. anesthesiologists in fairly lge. gen'l hosp., univ. town, Pac. Coast. (b) New gen'l hosp., residential town near univ. city, So. \$500. (c) Small hosp. Los Angeles area, \$400, mtce. (d) New gen'l. hosp. foreign operations, leading indus. company, \$7200. RN10-2 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

**ANESTHETISTS:** Three. 450 bed teaching hospital. Department directed by medical anesthesiologist, staffed by medical resident personnel and 6 nurse anesthetists. Southern city with cultural advantages. \$350 per month with full maintenance. Periodic increases in salary. Liberal vacation and sick leave. Apply C. A. Robb, Superintendent,

**ANESTHETIST-NURSE:** 600 bed approved Roper Hospital, Charleston, S.C.

general hospital, liberal personnel policy. Salary dependent upon experience. Apply Administrator, Good Samaritan Hospital, Cincinnati 20, Ohio

**COLLEGE, STUDENT HEALTH:** (a) Counselor, lge. teaching hosp. univ. center, MW. (b) Infirmary nurse, military acad., So. (c) Supervisor, student hth prog. lge. gen'l hosp., Calif. (d) Young women's coll. res. town, near NYC. RN10-3 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

**DIRECTOR OF NURSING:** In an active 165 bed hospital which is expanding to 300 beds. The entire nursing staff at present are graduates. When expansion is completed, may open a training school. Degree is desirable but not mandatory, experience and administrative ability essential, and candidate must be progressive. Hospital located in residential suburb 11 miles from Chicago. Salary \$5700 a year plus full maintenance, attractive apartment in newly constructed nurses' residence. F. J. McCarthy, Administrator, MacNeal Memorial Hospital, Berwyn, Ill.

**DIRECTOR OF NURSING EDUCATION, PSYCHIATRIC:** State of Maryland has immediate openings in its mental hospitals for this position. Requires a Bachelor's Degree in Nursing Education, three years of graduate nursing experience, including one year of supervisory experience and one year of instructing experience, and registration or eligibility for registration as a graduate nurse under the Maryland State Law. State Merit System position, offering all advantages of State Employment. Salary range, \$4620-\$5775. Request for applications should be made by September 27th to State Employment Commissioner's Office, 31 Light St., Baltimore 2, Md.

**DIRECTOR OF NURSES:** (a) Vol. gen'l. hosp., 300 beds, 70 students, depts. well staffed, Pac. Coast, min. \$6000. (b) Gen'l. 200 bed hosp. univ. affiliations, \$6000, mtce., attrac. apt., So. (c) Nursing serv. new hosp. small size, Southern Calif. (d) Nursing serv. new lbe. hosp. affiliated with univ. located on its campus, fac. rank, ass't prof., min. \$6000. (e) Nursing serv. new hosp. currently under construction, completion midwinter, vicinity NYC. RN10-4 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

**EMERGENCY NURSES:** Who have had operating room technique and have pleasing personality and are capable of meeting public in an unusually active emergency room. 3-11 p.m. and 11 p.m.-7a.m. shifts available. Cash salary \$215 to \$230 per month plus full maintenance which includes single private room in very fine nurses' residence. Life insurance, Blue Cross, Social Security, 2 to 4 weeks vacation with 6 holidays and regular sick time policy. Write Director of Nursing, MacNeal Memorial Hospital, Berwyn, Ill.

**FACULTY POSTS:** (a) Educational dir. fairly large hosp. well staffed dept. San Francisco area. (b) Science, new gen. hosp. 450 beds, E. (c) Nurs. arts instruct., duties: teaching at liberal arts coll. school, 300 bed gen'l hosp. univ. town. Min. \$500. (d) Clin. instructors, med. & surg., 150 students, teach. affiliations, Calif. (e) Coordinator, practical nursing school, univ. center, MW. RN10-5 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

**GENERAL DUTY NURSE:** 40 bed new general hospital, college town, resort area. Salary starts at \$200 plus meals and laundry of uniforms. \$5 increase at 3 months and at 6 months. Retirement plan. Choice of rotating shifts or 11 to 7. Bonus for night shift. Two weeks vacation with pay, sick leave, 6 holidays per year. R. Houfek, Supt., Ripon Municipal Hospital, Ripon, Wis.

**GENERAL DUTY NURSES:** For 650 bed hospital central Calif. Salary \$273-\$320 per mo., 40 hr. week. Liberal vacation, holiday and sick leave plan. Apply Personnel Office, 510 E. Market, Stockton, Calif.

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**GENERAL DUTY NURSES:** 75 bed general hospital in Southern California, 40 hr., 5 day week. Prevailing salaries paid. Full maintenance available. Apply Director of Nurses, Redlands Community Hospital, Redlands, Calif.

**GENERAL DUTY NURSES:** For 120 bed hospital. Starting salary \$215 plus full maintenance. Surgical Nurses: Starting salary \$225, additional \$10 for evening and night duty per month. Regular increases. Nurses' Home recently redecorated and refurnished. Liberal personnel policies. Hospital approved A.C.S. Southern Wyoming community of 12,000. Write or wire Director of Nurses, Memorial Hospital, Rock Springs, Wyo.

**GENERAL DUTY NURSES:** 300 bed general hospital. Good nurses' home. Starting salary \$260 per mo. 40 hr. week. Differential for 3-11, 11-7, \$10. T.B., O.B. and Isolation duty \$10 extra. Canadian nurses need passport and visa. Director of Nurses, Merced County General Hospital, Box 231, Merced, Calif.

**GENERAL DUTY NURSES:** For 120 bed general hospital. 40 hr. week. Beginning salary \$215 per month for morning duty, \$10 additional for evening and night shifts. One meal allowed. Salary increased each 6 months for four periods. Two weeks vacation, 4 paid holidays, Social Security and sick leave allowance. Retirement Plan financed by hospital without cost to employee. Located in State University town of 100,000. After 6 months service cost of transportation will be paid. Wire collect or write Director of Nurses, Presbyterian Hospital, Albuquerque, N.M.

**GENERAL DUTY NURSES:** Salary \$265 month for day duty, 40 hr. week, 2 days off weekly, paid vacation. Board and room available in nurses' home for \$55 a month plus free laundry of uniforms. Solano County Hospital, Fairfield, Calif.

**GENERAL DUTY NURSES:** For 114 bed general hospital. Beginning gross salary \$242 plus meals and uniform allowance. \$10 evening and night bonus. 3-11 and 11-7 positions available. Apply Paul O. Huth, M.D., Supt., St. Francis Hospital, Cambridge, Ohio

**GENERAL STAFF NURSES:** 70 bed hospital in the beautiful Berkshires. Rotating shifts, attractive personnel policies. For further information write Fairview Hospital, Great Barrington, Mass.

**GENERAL STAFF NURSES:** All shifts. Also assistant supervisors, operating room, maternity, auxiliary personnel. 110 bed general hospital. Middlesex General Hospital, New Brunswick, N.J.

**GENERAL STAFF NURSES:** 250 bed general hospital and 72 bed maternity hospital. Starting salary \$265, \$5 per month tenure increase for each 6 months of service to a maximum of \$295. Social Security, sick leave, prepaid medical and hospital care. \$10 additional for afternoon and night shift. \$10 additional for delivery room, \$20 additional for surgery. Up to 8 weeks vacation at end of 4 years. 7 paid holidays, 8 hr. day. 40 hrs. week. Apply to Director of Nurses, Sutter Hospital, Sacramento, Calif.

**GENERAL STAFF NURSES:** Liberal personnel policies. 123 bed newly built and equipped hospital. For further information write Director Nursing Service, Magic Valley Memorial Hospital, Twin Falls, Ida.

**GRADUATE NURSES:** For 2400 bed State Psychiatric Hospital carrying on an active treatment program. Positions available for head nurses, supervisors, instructors. Full maintenance available at \$25 a month. Apply Superintendent, Logansport State Hospital, Logansport, Ind.

**GRADUATE NURSES:** Public Health Training Program open to graduate nurses 20 to 30 years, \$3560 to \$3833 per yr. Trainees take academic work at university while gaining paid experience in field. Other openings for trained Public Health Nurses, 22 to 35 years, \$3835-\$4213 per yr. 40 hr. week, liberal paid vacations, sick leave, pension system, Civil Service status, educational leaves. Apply Detroit Civil Service Commission, 735 Randolph St., Detroit 26, Mich.

**GRADUATE NURSES:** The University of Michigan Medical School offers to graduates of accredited schools of nursing a course in Anesthesia of one year duration, covering the administration of nitrous oxide, cyclopropane, ether, barbiturates and rectal agents. All modern techniques are taught including intratracheal, intravenous and the management of such specialties as thoracic and neuro-surgery. For information, write the Department of Anesthesiology, University Hospital, Ann Arbor, Mich.

**GRADUATE NURSES:** Unique opportunity in all clinical fields including tuberculosis. Large general hospital in East Coast City. Good starting salary, 5 day week, vacation and sick leave after 6 months. Modern nurses residence for those who wish to live in. Where outside living is preferred, room allowance is made. For information write Box BGH-5, R.N., The Nightingale Press, Inc., Rutherford, N.J.

**GRADUATE REGISTERED NURSES:** Shriners' Hospital for Crippled Children. Starting salary \$225 per month plus one meal. Liberal vacation, sick leave benefits, Social Security and retirement plan. Maintenance available for \$45 per month. For additional information write: Shriners' Hospital for Crippled Children, Kingshighway and Clayton, St. Louis 10, Mo.

**GRADUATE STAFF NURSES:** For medical, surgical and obstetrical services. Also vacancies on operating room staff. Salary \$240



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per month for 8 hr. day, 40 hr. week, annual vacation and sick leave. Retirement benefits if desired. Apply Superintendent, Robinson Memorial Hospital, Ravenna, Ohio

**HEAD NURSE:** 24 bed practically new hospital in a good county-seat town. Excellent opportunity for a nurse of qualifications seeking experience in administration. Salary, depending on amount of experience and qualifications to \$300 and full maintenance. Write Faulk County Memorial Hospital, Faulkton, S. Dak.

**INSTRUCTING NURSES:** Needed for expansion of accredited School of Practical Nursing. Two classes admitted annually; affiliation program in special services. Large modern general hospital with acute, chronic and tuberculosis divisions. Attractive residence and excellent personnel policies. Apply to Box BCH-2, R.N., The Nightingale Press, Inc., Rutherford, N.J.

**MALE NURSES:** (a) Head nurse, central supply, large hosp., SW. (b) Night supervisor & two staff nurses, small gen'l hosp., coll. town, So. RN10-6 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

**NURSE ANESTHETIST:** Starting salary \$350 a month. Methodist Hospital, 6th St. & 7th Ave., Brooklyn, N.Y. South 8-6000, Ext. 142.

**NURSE ANESTHETIST:** For 350 bed A.M.A. and A.C.S. approved general hospital.

General surgery call but no obstetrical call. Salary open, dependent upon experience. Annual vacation and sick leave and Social Security benefits. Write Sister Mary Assumpta, St. Joseph's Mercy Hospital, Ann Arbor, Mich.

**NURSE ANESTHETIST:** 200 bed general hospital. Pleasant working conditions, 40 hr. week, no split shifts. Starting salary \$360. Apply Dr. Robert Johnson, Herrick Memorial Hospital, 2001 Dwight Way, Berkeley, Calif.

**NURSE ANESTHETIST:** Capable of working into assistant administrator, 40 bed hospital. Share call with one other anesthetist. Salary according to qualifications. R. Houfek, Supt., Ripon Municipal Hospital, Ripon, Wis.

**NURSE ANESTHETISTS:** (Member of A.A.N.A.) to complete staff of 10 for 1000 bed hospital. 40 hr. week with straight pay for overtime. Annual vacation, accumulative sick time and retirement benefits. Quarters available. Dept. of Anesthesiology, University Hospital, Ann Arbor, Mich.

**NURSES:** Charge duty, all shifts for 300 bed general hospital. 40 hr. week. Good personnel policies. Differential for 4 PM to 12 midnight shift. N.Y. State Registration or eligibility for same necessary. Apply to Director of Nurses, Hospital for Joint Diseases, 1919 Madison Ave., New York 35, N.Y.

**NURSES:** General Hospital associated with the University of Utah College of Nursing and Medical School, has positions available



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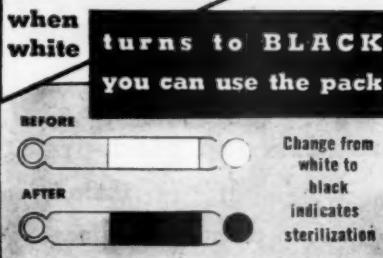
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for general duty nurses at \$225 per mo. beginning salary with a \$10 differential for afternoon and night shifts or psychiatric assignments. 5 day week, 8 holidays, 2 weeks vacation, 1 day sick leave per mo. accumulative to 24 days. Meals can be purchased at low cost in hospital cafeteria. This assignment offers a stimulating and worthwhile experience. Opportunities for advancement are excellent for the individual with leadership, ability and technical competence. Salary increases are granted on the basis of length of service and merit. Apply Director of Nurses, Salt Lake County General Hospital, 2034 South State St., Salt Lake City, Utah

**NURSES:** Unique opportunities for nurses with professional maturity and an interest in nursing care. Team leaders (all services) \$2955-\$3360; Scrub Nurses (D.R. & O.R.) \$3000-\$3360; Assistant Supervisor (all services) \$3180-\$3780, 40 hr. week, 30 days vacation, 10 holidays, medical care, Social Security, residence facilities, opportunities for promotion. Brooklyn 12, N.Y. Apply Box BEH-1, c/o R.N., Rutherford, N.J.

**NURSES:** General Duty (\$3753-\$4087), Head (\$4236-\$4670) and Supervisory (\$4733-\$5260) for general emergency nursing in large city hospital affiliated with university medical school and acute communicable and TB nursing positions in two large tuberculosis hospitals using most progressive methods. 40 hr. week, no split shifts, paid vacations, sick leave, duty disability allowances, pensions, maternity leaves, educational leaves, in-service training, excellent opportunities for further schooling. Apply Detroit Civil Service Commission, 735 Randolph St., Detroit 26, Mich.

**NURSES:** Vacancies for Asst. Director of Nursing, Clinical Instructor in Obstetrics, General Duty Nurses, in 365 bed General Hospital. A copy of personnel policies will be sent on request. Apply Director of Nursing, Lucy Webb Hayes School of Nursing, Washington 2, D.C.

**NURSES:** Positions Open: Graduate Nurse I. Present salary \$284.60 to \$304.60 per month for a 40 hour work week, or \$341.52 to \$365.52 per month for a 48 hour work week. Open to qualified citizens of the United States. Preferred ages 21 to 50 years—age limits not applicable to honorably discharged veterans. Annuity and Retirement System for those who qualify therefor. Apply Milwaukee County Civil Service Commission, Room 206, Courthouse, Milwaukee 3, Wis.

**NURSES:** Moving to new hospital and new apartment-style nurses' residence in summer of 1952. 236 bed general hospital 30 miles from New York City. Wanted immediately: Supervisors, Head Nurses, Assistant Head Nurses, General Duty Nurses. Liberal personnel policies. Write Director of Nursing, Morristown Memorial Hospital, Morristown, N.J.

**NURSES:** General duty, for completely new 23 bed hospital in lake country of West

October R.N. 1952



**Fact:** Average life-span in the U.S.A. is 67.6 years. The estimated average expectancy for the rest of the world is 44 years. The Bureau of Labor Statistics estimates U.S. life expectancy at 74 by 1975.



**Answer:** No one. It is the result of a process, not a plan. It came about largely through the American process of vigorous competition to provide life-saving new medicines, proficient doctors, modern hospitals, better shelter, abundant food supplies and machines that reduce work-effort. The average man-hour of work in 1951 produced  $3\frac{1}{2}$  times as much goods as the average man-hour in 1900. Hence, the same process is responsible for more leisure to enjoy longer life. Competition compels wider distribution, increasing productivity and better products, thereby improving and extending our individual lives.

**Question:** Who worked out the plan under which this was achieved?



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**Central Minnesota.** \$220 monthly, 40 hr. week, months vacation and sick leave. Apply Wheaton Community Hospital, Wheaton, Minn.

**NURSES:** For modern 650 bed tuberculosis hospital affiliated with Western Reserve University, 40 hr. 5 day week. Salary \$272 to \$300, with automatic increases. Full maintenance available at minimum rate. Usual holidays, vacation and sick time allowance. Advancement for desirable applicants. Apply to Director of Nursing, Sunny Acres Hospital, Cleveland 22, Ohio

**NURSES:** For outstanding Medical Center in the Southwest, Atomic Energy Plant. \$255 mo., 40 hr. week, 3 weeks vacation. U.S. Citizens only. Write full particulars. Personnel Manager, Los Alamos Medical Center, Los Alamos, N.M.

**NURSES FOR DISPENSARY:** Good salary plus maintenance, increase every 6 months. 5 day, 40 hr. week. Write Director of Nurses, Nyack Hospital, Nyack, N.Y.

**NURSING DIRECTOR:** To take charge of nursing home, attractively located, 24 beds, operated by The Benjamin Rose Institute in conjunction with The Benjamin Rose Hospital affiliated with Western Reserve University Medical School and University Hospitals. Attractive newly remodeled apartment available, offering complete privacy. Salary open. The Benjamin Rose Institute, 1000 Rose Building, Cleveland 15, Ohio

**OBSTETRIC SUPERVISOR:** Interesting position in large modern general hospital in the East. 5 day week and liberal vacation. Excellent maintenance in addition to salary. \$3500 to \$4100. Write Box RCH-4, R.N., The Nightingale Press, Inc., Rutherford, N.J.

**OFFICE, INDUSTRIAL:** (a) Office Amer. Board specialist, Fla. (b) RN qual. X-ray, indus. company, SW. (c) Office by Board ped. Chicago. (d) Indus., new plant univ. town, So. RN10-7 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

**OPERATING ROOM NURSES:** For 300 bed hospital with active surgical and orthopaedic

surgical services. Good personnel policies, 40 hr. week. Extra pay for Call Duty. Maintenance available. Apply to Director of Nurses, Hospital for Joint Diseases, 1919 Madison Ave., New York 35, N.Y.

**OPERATING ROOM SUPERVISOR:** \$4733-\$5260 per yr. for large general city hospital affiliated with university medical school. 40 hr. week, liberal paid vacations, sick leave, pension system, duty disability allowances. Civil Service status, educational leaves. Apply Detroit Civil Service Commission, 735 Randolph St., Detroit 26, Mich.

**OPERATING ROOM SUPERVISOR:** 101 bed hospital increasing to 152. Two major operating rooms, one minor. Good salary plus maintenance, increase every 6 months. 5 day, 40 hr. week. Write Director of Nurses, Nyack Hospital, Nyack, N.Y.

**PEDIATRIC STAFF NURSE:** For hospital-school for 92 educable handicapped children, ages 3-20 years. None confined to bed. All attend school and therapy. Attractive salary with regular increases, basically 7-8 shift, 35 hr. week. Also night supervisory position available. Apply to Director of Nursing, Illinois Children's Hospital-School, 2551 North Clark St., Chicago 14, Ill.

**PSYCHIATRIC NURSING POSITIONS:** State of Maryland has immediate openings in its mental hospitals for: Director of Nurses I, Psychiatric, \$5520-\$6900; Director of Nurses II, Psychiatric, \$4860-\$6075; Director of Nursing Education, Psychiatric, \$4620-\$5775; Registered Nurse, \$3000-\$3750. State Merit System Positions offering all advantages of State Employment Commissioner's Office, 31 Light St., Baltimore 2, Md.

**PUBLIC HEALTH:** (a) School nurse, 10 mo. year, min. \$4500. Calif. (b) Dir. visiting nurse ass'n large city, SW. Min. \$5500. RN10-8 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

**PUBLIC HEALTH NURSE:** 83 bed hospital, large clinic. Starting salary \$241-\$273 month, 40 hr. week. U.S. Citizen only. Apply Personnel, Los Alamos Medical Center, Los Alamos, N.M.

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**REGISTERED NURSE:** For private psychiatric hospital, 40 bed. Alternate 4-12, 12-8 duty, 5 or 6 days per week depending on census. Salary \$11 per day including room, meals and laundering of uniforms. Increase to \$13 per day after completion of 3 months. Write sending references and enclose photo of self. The McMillen Sanitarium, 840 North Nelson Road, Columbus 3, Ohio

**REGISTERED NURSES:** For general duty in tuberculosis Sanatorium 35 miles from Philadelphia. One with experience in minor surgical procedures in tuberculosis. Deborah Sanatorium, Browns Mills, N.J.

**REGISTERED NURSES:** For 90 bed general hospital. \$225-\$248 per month, increase \$10 per month after 1-2-4 years employment. Vacation, holidays, Blue Cross, Social Security. Straight 8 hr. shifts, 1 meal and coffee period included. Apply Supt. of Nurses, Memorial Hospital, Sheridan, Wyo.

**REGISTERED NURSES:** Surgery, supervisory and general duty. Tuberculosis experience helpful but not essential. Paid holidays, liberal vacation and sick leave, retirement benefits, modern nurses' home on premises. Salary \$272 to start and increases to \$296 in 6 months, then yearly increases. Apply Supervisor of Nurses, Oregon State Tuberculosis Hospital, Salem, Ore.

**REGISTERED NURSES:** In progressive 250 bed hospital approved by the American College of Surgeons. Located in beautiful and exciting western city with ideal climate. 5½ day week (41 hrs.), starting salary \$3060 per year, increases of \$100 per year every 6 months up to 3 years, \$10 extra for afternoon and night shifts and operating room, 6 paid holidays, 2 weeks vacation after 1 year, 1 day sick leave for each month of employment accumulative to 15 days, hospital insurance paid by hospital after 3 months employment, free laundry of uniforms. Nursery available for employees' children from 7 AM to 11 PM at the charge of \$1 per child per day. Write Superintendent of Nurses, Washoe Medical Center, Reno, Nev.

**REGISTERED NURSES:** Openings for registered nurses on staff of 1300 bed tuberculosis hospital in the heart of one of the world's favorite vacation playgrounds. Sparkling cool summers, mild winters. Ideal working conditions, excellent chances for advancement, University affiliation. Beginning salary \$255 to \$270. Quarters in attractive residence as low as \$20 a month. Apply to Director of Nursing Service, Firland Sanatorium, Seattle 55, Wash.

**REGISTERED NURSES:** General duty, 65 bed industrial hospital, Eastern Pa. town of 7,000. Excellent recreational facilities in town and neighboring Pocono resort area.

Readily accessible Allentown, Philadelphia and N.Y. Salary \$160-\$185 mo. plus full maintenance and premium hours worked between 7 p.m. and 7 a.m. Automatic salary increases, liberal personnel policies including Social Security, free life insurance, free retirement plan, paid vacation and sick leave. Apply B. W. Hale, Chief of Personnel Dept., The N. J. Zinc Co. (of Pa.), Palmerton, Pa.

**REGISTERED NURSES:** General Duty. 40 hr. wk. \$200 mo. 4-12 shift, meals & laundry. Delivery room \$215 mo. Housing available. Other openings. 100 bed hospital Washington suburbs. Suburban Hospital, Bethesda, Md.

**REGISTERED NURSES:** Charge, staff and O.R. nurses. All shifts. Good personnel policies, salary in accordance with experience. Write Director of Nursing, Memorial Hospital of Queens, Jamaica, N.Y.

**REGISTERED NURSES:** Open salary with regular increases. Holidays, vacation and sick leave. Write Director of Nurses, North Plains Hospital, Borger, Tex.

**REGISTERED PROFESSIONAL NURSES:** Positions available in geriatrics and tuberculosis hospitals. 44 hr. week, 14 days annual vacation, 11 holidays per year. Salary \$275 per month plus maintenance in new nurses' residence. Good transportation to Chicago (25 miles). Write or contact Administrator of Nurses, Cook County Institutions, Oak Forest, Ill.

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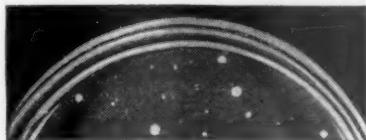
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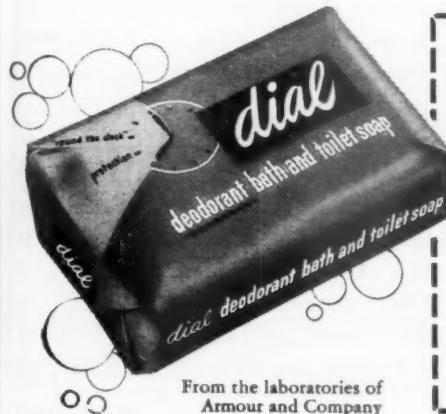
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Glentex	
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October R.N. 1952

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5. Carnation accepts only high quality milk. This quality is assured through the vigilance of such Carnation Field Men as the man above.

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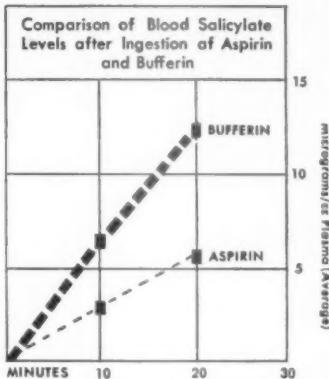
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1. Effect of Buffering Agents on Absorption of Acetylsalicylic Acid. J. Am. Pharm. Assoc., Sc. Ed. 39:21, Jan. 1950

2. Gastric Tolerance for Aspirin and Buffered Aspirin. Ind. Med. 20:490, Oct. 1951



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